

Rental Application Cover Page for CASA DE ROSAS CAMPUS

This housing is offered without regard to race, color, religion, sex, gender, gender identity and expression, familial status, national origin, citizenship status, immigrant status, primary language, marital status, ancestry, age, sexual orientation, disability, source of income (including receipt of Section 8 and other similar vouchers), genetic information, military or veteran status, arbitrary characteristics, or any other basis currently or subsequently prohibited by law.

1. Casa de Rosas Campus has Accessible Units for Individuals with Mobility Disabilities and Individuals with Hearing/Vision Disabilities. **If you would like to request one of these units, please complete Form OCC061 Request for Reasonable Accommodation and Form OCC0108 Request for Reasonable Modification (Conventional) [if applicable].** For more information about the accessible features of these units and/or if you need assistance to request a unit with accessible features, please contact:

Property Management Contact Name: Angelique D'Silva-Williams

Title: Director

Phone Number: 323.838.8556 ext.5104 TTY/TDD (if available): 323.622.0006

Email: awilliams@TELACU.com

2. Reasonable Accommodations and Auxiliary Aids will be provided upon request. An individual with a disability may ask for:
 - a. a change in rules or;
 - b. a physical change to their apartment or shared areas in the building (either of which is a reasonable accommodation);
 - c. an accessible apartment;
 - d. and Auxiliary Aids necessary to ensure effective communication between us.

If you or anyone in your household has a disability and needs any of these things or another type of accommodation to live in our Casa de Rosas Campus and use our services, then contact Casa de Rosas Campus staff to communicate your needs.



COMPLETE ENTIRE HOUSING APPLICATION,
ANSWER ALL QUESTIONS AS APPLICABLE,
INITIAL, SIGN AND DATE APPLICATION ON
LAST PAGE WHERE INDICATED

CASA DE ROSAS CAMPUS HOUSING APPLICATION

Application # _____

Date Received _____

Time Received _____

Processed By _____

Instructions for Head of Household:

Answer all questions on this application. Enter "None" or N/A for those questions which do not apply to you or which you choose not to answer. **Applications will not be considered unless they are fully completed.**

504 COORDINATOR
Karina Barragan
TELACU Property Mgmt.
1248 Goodrich Blvd.
Los Angeles, CA 90022
Ph: (323) 838.8556
TTY: (323) 622.0006

WE WILL NOT ACCEPT COPIES OF APPLICATIONS

PLEASE PRINT OR TYPE

LAST NAME	FIRST NAME	M.I.	TELEPHONE NUMBER
CURRENT ADDRESS	APT. #	CITY	STATE
	ZIP CODE	VOLUNTARY INFO.: RACE/ETHNICITY	

1. **List yourself** and all other applicants (if any) who will reside in the unit and their relationship to you.

Applicant	Relationship	Date of Birth	Social Security Number	Age	GENDER
	Self				

Indicate the bedroom size(s) you are interested in applying for: ___ 0 bedroom (studio) ___ 1 bedroom ___ 2 bedroom

Indicate if you are Homeless _____ OR Chronically Homeless _____ CES Unique ID# _____

Current Housing Situation

- ___ Living in a place not designed for habitation. Specify: _____ Current length of stay: ___ days
- ___ Living in Emergency shelter. Current length of stay: ___ days
- ___ Transitional housing for homeless persons Program Name: _____ Current length of stay: ___ days
- ___ Domestic Violence Situation Current length of stay: ___ days
- ___ Other: Specify: _____ Current length of stay: ___ days

If you are applying for the program under the 'Other' category of current housing and are being evicted from a private residence such as family's apartment, friend's apartment or rental housing you were paying for please check below which specific place it was. Please provide proof of address such as a utility bill or lease.

- ___ Room, apartment, or house that you rented
- ___ Apartment or house that you own
- ___ Living in a family member's room, apartment or house
- ___ Living in a friend's room, apartment or house
- ___ Hotel or motel paid for without emergency shelter voucher

2. Are you a veteran who served in the active military, naval, or air service? _____ YES _____ NO

3. Do you have a HUD-VASH voucher? _____ YES _____ NO

4. How did you hear about this housing facility? _____



YES NO

5. Please answer the following questions:

- Is any member enrolled in an institute of higher education?
- Is any member of your household employed full-time, part-time, or seasonally?
- Does any member of your household expect to work for any period during the next 12 months?
- Is any member of your household on leave of absence from work due to lay off Medical or military leave?
- Does any member of your household receive or expect to receive unemployment?
- Does any member of your household receive or expect to receive alimony?
- Does any member of your household work for someone who pays him or her in cash?
- Does any member of your household receive regular cash contributions from individuals not living in the unit or from agencies?
- Does any member of your household receive or expect to receive General Relief, CAPI, or TANF assistance?
- Does any member of your household receive or expect to receive Social Security or VA Payments?
- Does any member of your household receive or expect to receive income from a pension or annuity?
- Does any member of your household receive income from assets including interest on checking or savings accounts, interest and dividends from certificates of deposit, stocks, bonds, or income from rental property?

6. Would you or anyone in your household benefit from an accessible unit?.....

If Yes, do you need a _____ mobility or _____ hearing/vision unit.

7. Are you, or any co-applicant currently charged with, or ever been charged with, or ever been convicted of, a felony offense or any other criminal activity?.....

If yes, describe: _____

8. Do you have any pets?

9. If a live-in-aid attendant is required for an elderly, handicapped, or disable member, please enter the information requested: Name of attendant: _____

Name and Address of Doctor: _____

10. If you are now renting, who is your landlord?

Name _____ Phone: (____) _____

Current Rent: \$ _____ Address _____

Security Deposit: \$ _____

11. If you have moved within the past five years, give the name, address, and phone number of your previous landlords and the date you lived there. (use an additional sheet if you need more space)

Address of last location	Name of Landlord	Telephone	Lived-from (MM/DD/YY)	To (MM/DD/YY)

YES / NO

12. Have you, or spouse/co-applicant, ever been evicted or otherwise involuntarily removed from rental housing due to fraud, non-payment of rent, failure to cooperate with recertification procedures, or for any other reasons?.....

If yes, please explain: _____

13. Do you live or have ever lived in subsidized housing?.....

If Yes, where? _____

When? From: _____ To: _____ Were you evicted?.....

If yes, did you owe rent? Yes NO If yes, how much did you owe? \$ _____



FINANCIAL INFORMATION - Complete this page for each member who will live in the unit who has any income or assets.

You do not need to complete this page for a live-in-attendant. For financial information, please write the names addresses of people who can verify the information you provide. (For example: income, write your employer's address; for a pension write the name and address of the agency). Please use an additional sheet of paper to record additional information if there isn't enough room for entry.

INCOME: List all employment and non-employment income for all household members. Include Recurring Gifts (cash contributions), Social Security, Salary, Wages, SSI, IRA, Keoghs, V.A. Pension, annuities, general assistance, and any other source of income.

Member Name (last, First, Initial)	Type of Income And who pays it?	Estimated Total Income (Circle week or month)	Address of Income Source	Contact Person Name and Telephone
		\$ week or month		
		\$ week or month		
		\$ week or month		
		\$ week or month		
		\$ week or month		

ASSETS: List assets of all household members; include savings, checking accounts, certificates of deposit, IRA, stocks, mutual funds, credit union shares, land real estate (including your home, if you own it) and any other assets.

Member Name (last, First, Initial)	Account Number	Description of Asset	Current Value of Asset	Interest Rate Annual income	Bank/Credit Union Address

List any assets that YOU have disposed of, transferred, given away, or sold for less than the market value during the last 2 years. (e.g., a house, car or cash)

Description of Asset	Date Disposed of	Fair Market Value	Divesture Cost (e.g., Realtor, CD penalty)	Amount Received	Name & Address of Bank Institution, Real estate Appraiser who can verify

List family members and address for emergency purpose only.

Name	Address	Phone Number	Relationship



Applicant Signature and Certification

I/We request, authorize and consent to TELACU Property Management, Inc. (TPM) thorough investigation of whether I/we have a record of criminal convictions, and if so, the nature of such criminal convictions and all surrounding circumstances available through lawful means. TPM has advised me that its criminal background check will focus on conviction and that a criminal record will disqualify me from renting.

Initials: Head of Household

Spouse/Co-Applicant

Co-Applicant

I/We understand the information in this application will be used to determine eligibility for a unit and that this information will be checked. I/We understand that any false information may make us ineligible for a unit.

I/We certify that all information given in this application and in the attachments: member's information, income, assets and the citizenship declaration are true, complete and accurate. I/We understand that if any of this information is false, misleading or incomplete, management may decline our application or, if move-in has occurred, terminate our Rental Agreement.

I/We freely and voluntarily authorize the investigation of all statements contained in this questionnaire. I/We understand that the company may request an investigative consumer report from a consumer reporting agency. I/We understand that the investigative consumer report may involve personal interviews with my neighbors, friends, relatives, former employers, schools and others. I/We also understand that under the Federal Fair Credit Reporting Act, I/We have the right to make a written request to the company, within a reasonable time, for the disclosure of the name and address of the consumer reporting agency and the third party reporting agency, so that I/we may obtain a complete disclosure of the nature and scope of the investigation.

This authorization is limited to use regarding this facility.

I/We have been made aware of the provisions of Section 1001 of Title 18 of the U.S. code. I/We understand that it is a criminal offense, punishable by a \$10,000 fine or 10 years imprisonment or both, to make willful statement or misrepresentation to any Department or Agency of the United States as to any matter within its jurisdiction.

If this application is for a household of more than one person, I/we consider ourselves a stable household, and all of our income is available to the household for its needs.

SIGNATURE OF HEAD OF HOUSEHOLD

DATE

SPOUSE

DATE

CO-APPLICANT

DATE

CO-APPLICANT

DATE

**PLEASE RETURN THIS APPLICATION TO: TELACU PROPERTY MANAGEMENT, INC.
1248 Goodrich Blvd.
Los Angeles, CA 90022**





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NOTICE OF RIGHT TO REASONABLE ACCOMMODATIONS AND AUXILIARY AIDS PURSUANT TO EFFECTIVE COMMUNICATION POLICY AT

WHAT ACCOMMODATIONS AND AUXILIARY AIDS CAN I ASK FOR?

You or anyone in your household can ask for:

1. an accommodation if you have a disability and need a change or exception to our standard rules, eligibility criteria, policies, or practices, so that you are able to use and enjoy a unit in our property, public and common use areas, or participate in, or benefit from, a program, service or activity;
2. accessibility alterations (physical changes) to your unit or a common area;
3. auxiliary aids and services necessary to ensure effective communication between us. This can include providing information in alternative formats such as Braille, American Sign Language (ASL) interpreters, or large print documents.

We will pay all reasonable costs for reasonable accommodations and auxiliary aids necessary to ensure effective communication between us.

WHO WILL BE ABLE TO SEE INFORMATION ABOUT MY REQUEST?

All information you provide is confidential. Information about your request will only be shared with people who need to decide on or carry out the



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request, or if required by law.

WHAT ARE REASONABLE ACCOMMODATIONS?

Reasonable accommodations are changes, modifications, exceptions, alterations, or adaptations in our rules, policies, practices, programs, services, activities, or facilities that may be necessary to (1) provide an Individual with a Disability an equal opportunity to use and enjoy a dwelling, including public and common use areas of a development; (2) participate in, or benefit from, a program (housing or non-housing), service or activity; or (3) avoid discrimination against an Individual with a Disability. A reasonable accommodation includes any physical or structural change to a unit or a public or common use area.

Examples are:

1. allowing an assistance animal in a “no-pets” building;
2. allowing payment of rent on a date other than the first of the month if necessary due to the date the tenant receives disability income;
3. granting a reserved parking space closer to the individual’s unit;
4. providing additional accessible or assigned parking where required accessible parking is not sufficient to meet the needs of tenants and applicants;
5. accepting references from professional caregivers and others when landlord references are not available for an individual moving from a nursing home or other places that serve Individuals with Disabilities;
6. installing a wheelchair ramp;



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7. installing grab bars in the shower or bathroom;
8. installing a roll-in shower;
9. installing visual alerting systems and flashing lights for individuals who are deaf or hard of hearing;
10. adjusting counter heights for individuals who use wheelchairs;
11. transferring a tenant in a non-elevator building who has difficulties walking up or down stairs to a ground floor unit with no or very few stairs; and
12. requesting that
notify another individual in addition to the tenant or applicant when any concerns arise. See Appendix 8, Supplemental and Optional Contact Information for Applicants.

WHAT ARE AUXILIARY AIDS?

Auxiliary Aids are aids, services, or devices that enable individuals with vision, hearing, manual, or speech impairments to have an equal opportunity to participate in, or enjoy the benefits of, programs, services, or activities, including housing and other programs, services, and activities.

Examples are:

1. giving you documents in large print, Braille, on cassettes or CDs, or electronically, or reading documents to you;
2. providing a sign language interpreter or using a video relay service;
3. providing note takers; real-time computer-aided transcription services; exchange of written notes;
4. providing audio description or audio recordings;



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5. providing closed captioned video.

These are just examples. You can ask for other reasonable accommodations and auxiliary aids you need because of your disability.

WHEN CAN I ASK FOR A REASONABLE ACCOMMODATION OR AUXILIARY AID?

You can ask at any time. This includes when you apply to rent, while you live here, and even when you are moving out. You may designate a third person or agent who may act or speak for you regarding your request.

HOW DO I ASK FOR REASONABLE ACCOMMODATIONS OR AUXILIARY AIDS?

You can ask a Property Manager or fill out a Request Form (See Appendix 3, Optional Request Form for Reasonable Accommodations and/or for Auxiliary Aids Pursuant to Effective Communication Policy). We can help you fill out the form. Ask us if you need to communicate with us in a particular way due to your disability.

WHAT KIND OF INFORMATION DO I NEED TO GIVE YOU?

You need to tell us what you need and how it is related to your disability.

WHAT HAPPENS AFTER I ASK?

We will respond to you as quickly as possible.

We may ask you for more information.



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Your need for reasonable accommodations or auxiliary aids may be obvious or already known. For example, if you use a wheelchair it may be obvious you need accessible parking. If your need for the accommodation or auxiliary aid is obvious or already known, we will not ask for any additional information. If the need is not obvious, we may ask you to provide more information, which may include information from someone else who knows about your disability needs. We will only seek limited information that is necessary to understand the disability-related need for your accommodation or auxiliary aid. We do not need to receive full medical records or to know unrelated information about the nature or severity of any disabilities. Any information we do receive will be kept confidential.

If we ask you for information from someone else, we will provide you with Appendix 4, Additional Information for Request for Reasonable Accommodations.

You can choose how to get the additional information:

1. You can sign Part 2 of Appendix 4 and return it to the office. We will then send the form to the person you listed and ask them to fill it out and return it to us.

OR:

2. You can sign Part 2 of Appendix 4 and give it to the person you want to fill out the rest of the form. You can return it to us when it is complete. When Appendix 4 is returned, we will tell you if we need more information.



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We may need to talk with you more. Again, ask us if you need to communicate with us in a particular way due to your disability.

We will let you know our final decision in writing. If we deny your request, you can ask for a meeting to discuss it. Your position on the waiting list(s) or your tenancy will not be affected because you make a request.

HOW LONG WILL IT TAKE TO GET AN ANSWER?

Usually, we will respond within five (5) business days of getting the request. If it is urgent, we will try to respond sooner. If additional information is needed, or if we need to meet or talk with you about options, we will give you an answer as soon as we can, but no later than within thirty (30) days.

**For questions or help with your request, please contact:
(Owner/Property Manager to complete)**

Property Management Staff Name:

Title:

Address:

Phone Number:

TTY/TDD Number:

Email (if available):

See Tenant Handbook Section 3.15 for more information.



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SUPPLEMENTAL AND OPTIONAL CONTACT INFORMATION FOR APPLICANTS

Property Name:

THIS FORM IS TO BE PROVIDED TO EACH APPLICANT FOR HOUSING

Instructions: Optional Contact Person or Organization:

You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization.

This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. You may update, remove, or change the information you provide on this form at any time. You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:

Mailing Address:

Phone Number:

TTY/TDD or VP Number:

Cell Phone Number:

Email Address (if applicable):



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Name of Additional Contact Person or Organization:

Address:

Phone Number:

TTY/TDD or VP Number:

Cell Phone Number:

Email Address (if applicable):

Relationship to Applicant:

Reasons that you approve us to contact the Additional Contact Person or Organization: (Check all that apply)

- Emergency
- Unable to contact you
- Proposed termination of rental assistance
- Proposed eviction
- Late rent payment
- Help with Recertification Change
- Change in lease terms
- Change in policies or procedures
- Other (please specify):

Commitment of Owner

If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services



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or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.

Confidentiality Statement

The information on this form is confidential and will not be disclosed to anyone except as permitted by you, the applicant, or applicable law.

Legal Notification

Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.

Option Not to Provide a Supplemental Contact Person:

Check this box if you choose not to provide the contact information.

Signature of Applicant:

Date:

Signature:

See Tenant Handbook Section 3.18 for More Information

ONLY COMPLETE HIGHLIGHTED SECTIONS ON
THIS FORM

TENANT RELEASE & CONSENT

Property Name:

Casa De Rosas Campus

THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY TENANT

Applicant/Tenant Name

Social Security Number

App/Unit No.

I the undersigned hereby authorize all persons or companies in the categories below to release without liability, information regarding employment rental history, income, and assets. This form is for the purpose of verifying information on my Affordable Housing application and recertification.

INFORMATION COVERED

I the undersigned understand that previous or current information regarding income/assets may be needed. Verifications and inquiries that may be requested include, but are not limited to, identity, employment, income and assets, medical, or child care allowances. I understand that this authorization cannot be used to obtain information about me that is NOT pertinent to my eligibility for and continued participation as a Qualified Resident.

GROUPS OF INDIVIDUALS THAT MAY BE ASKED

The groups of individuals that may be asked to release information include, but are not limited to:

Past and Present Employers	Welfare Agencies	Veterans Administration
Past and Present Landlords	State Unemployment Agencies	Retirement Services Banks and Other Financial Institutions Providers
Public Housing Agencies	Social Security Administration	
Support and Alimony	Medical and Child Care	

CONDITIONS

I agree that a photocopy of this authorization may be used for purpose stated above. The original of this authorization is on file and will stay in effect for a year from the date signed. I understand that I have the right to review this file and correct any information that is incorrect.

Management has attached the following verification

Purpose of Request

Eligibility Interview



NOTE: THE GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506T, "REQUEST FOR A COPY OF TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.

INFORMATION BEING REQUESTED

Name & Title of Person

Date

YOU DO NOT HAVE TO SIGN THIS FORM IF EITHER THE REQUESTING ORGANIZATION OR THE ORGANIZATION SUPPLYING THE INFORMATION IS LEFT BLANK.

Applicant/Tenant Signature

Date

RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances which would require the owner to verify information that is up to five years old, which would be authorized by me on a separate consent.



Request for Transcript of Tax Return

▶ **Do not sign this form unless all applicable lines have been completed.**
 ▶ **Request may be rejected if the form is incomplete or illegible.**
 ▶ **For more information about Form 4506-T, visit www.irs.gov/form4506t.**

OMB No. 1545-1872

Tip: Get faster service: Online at www.irs.gov, **Get Your Tax Record** (Get Transcript) or by calling **1-800-908-9946** for specialized assistance. We have teams available to assist. **Note:** Taxpayers may register to use [Get Transcript](#) to view, print, or download the following transcript types: **Tax Return Transcript** (shows most line items including Adjusted Gross Income (AGI) from your original Form 1040-series tax return as filed, along with any forms and schedules), **Tax Account Transcript** (shows basic data such as return type, marital status, AGI, taxable income and all payment types), **Record of Account Transcript** (combines the tax return and tax account transcripts into one complete transcript), **Wage and Income Transcript** (shows data from information returns we receive such as Forms W-2, 1099, 1098 and Form 5498), and **Verification of Non-filing Letter** (provides proof that the IRS has no record of a filed Form 1040-series tax return for the year you request).

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number or individual taxpayer identification number if joint tax return
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)	
4 Previous address shown on the last return filed if different from line 3 (see instructions)	
5 Customer file number (if applicable) (see instructions)	

Note: Effective July 2019, the IRS will mail tax transcript requests only to your address of record. See **What's New** under **Future Developments** on Page 2 for additional information.

6 **Transcript requested.** Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶

a **Return Transcript**, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120-A, Form 1120-H, Form 1120-L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days

b **Account Transcript**, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 10 business days

c **Record of Account**, which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years. Most requests will be processed within 10 business days

7 **Verification of Nonfiling**, which is proof from the IRS that you **did not** file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days

8 **Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.** The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2016, filed in 2017, will likely not be available from the IRS until 2018. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 10 business days

Caution: If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

9 **Year or period requested.** Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.

____ / ____ / ____ | ____ / ____ / ____ | ____ / ____ / ____ | ____ / ____ / ____

Caution: Do not sign this form unless all applicable lines have been completed.

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note:** This form must be received by IRS within 120 days of the signature date.

Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-T. See instructions.

Phone number of taxpayer on line 1a or 2a

Sign Here

▶ _____ Date _____
 Signature (see instructions)

▶ _____
 Title (if line 1a above is a corporation, partnership, estate, or trust)

▶ _____ Date _____
 Spouse's signature

Section references are to the Internal Revenue Code unless otherwise noted.

Future Developments

For the latest information about Form 4506-T and its instructions, go to www.irs.gov/form4506t. Information about any recent developments affecting Form 4506-T (such as legislation enacted after we released it) will be posted on that page.

The filing location for the Form 4506-T has changed. **Please see Chart for individual transcripts or Chart for all other transcripts** for the correct mailing location.

What's New. As part of its ongoing efforts to protect taxpayer data, the Internal Revenue Service announced that in July 2019, it will stop all third-party mailings of requested transcripts. After this date masked Tax Transcripts will only be mailed to the taxpayer's address of record.

If a third-party is unable to accept a Tax Transcript mailed to the taxpayer, they may either contract with an existing IVES participant or become an IVES participant themselves. For additional information about the IVES program, go to www.irs.gov and search IVES.

General Instructions

Caution: Do not sign this form unless all applicable lines have been completed.

Purpose of form. Use Form 4506-T to request tax return information. Taxpayers using a tax year beginning in one calendar year and ending in the following year (fiscal tax year) must file Form 4506-T to request a return transcript.

Note: If you are unsure of which type of transcript you need, request the Record of Account, as it provides the most detailed information.

Customer File Number. The transcripts provided by the IRS have been modified to protect taxpayers' privacy. Transcripts only display partial personal information, such as the last four digits of the taxpayer's Social Security Number. Full financial and tax information, such as wages and taxable income, are shown on the transcript.

An optional Customer File Number field is available to use when requesting a transcript. This number will print on the transcript. See Line 5 instructions for specific requirements. The customer file number is an optional field and not required.

Tip. Use Form 4506, Request for Copy of Tax Return, to request copies of tax returns.

Automated transcript request. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946.

Where to file. Mail or fax Form 4506-T to the address below for the state you lived in, or the state your business was in, when that return was filed. There are two address charts: one for individual transcripts (Form 1040 series and Form W-2) and one for all other transcripts.

If you are requesting more than one transcript or other product and the chart shows two different addresses, send your request to the address based on the address of your most recent return.

Line 1b. Enter your employer identification number (EIN) if your request relates to a business return. Otherwise, enter the first social security number (SSN) or your individual taxpayer identification number (ITIN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

Line 3. Enter your current address. If you use a P.O. box, include it on this line.

Line 4. Enter the address shown on the last return filed if different from the address entered on line 3.

Note: If the addresses on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address. For a business address, file Form 8822-B, Change of Address or Responsible Party — Business.

Line 5. Enter up to 10 numeric characters to create a unique customer file number that will appear on the transcript. The customer file number **should not** contain an SSN. Completion of this line is not required.

Note. If you use an SSN, name or combination of both, we will not input the information and the customer file number will reflect a generic entry of "999999999" on the transcript.

Line 6. Enter only one tax form number per request.

Signature and date. Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. The IRS must receive Form 4506-T within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines are completed before signing.

Individuals. Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506-T exactly as your name appeared on the original return. If you changed your name, also sign your current name.

Corporations. Generally, Form 4506-T can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer. A bona fide shareholder of record owning 1 percent or more of the outstanding stock of the corporation may submit a Form 4506-T but must provide documentation to support the requester's right to receive the information.

Partnerships. Generally, Form 4506-T can be signed by any person who was a member of the partnership during any part of the tax period requested on line 9.

All others. See section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

Note: If you are Heir at law, Next of kin, or Beneficiary you must be able to establish a material interest in the estate or trust.

Documentation. For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the letters testamentary authorizing an individual to act for an estate.

Signature by a representative. A representative can sign Form 4506-T for a taxpayer only if the taxpayer has specifically delegated this authority to the representative on Form 2848, line 5. The representative must attach Form 2848 showing the delegation to Form 4506-T.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. You are not required to request any transcript; if you do request a transcript, sections 6103 and 6109 and their regulations require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506-T will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form**, 10 min.; **Preparing the form**, 12 min.; and **Copying, assembling, and sending the form to the IRS**, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-T simpler, we would be happy to hear from you. You can write to:

Internal Revenue Service
Tax Forms and Publications Division
1111 Constitution Ave. NW, IR-6526
Washington, DC 20224

Do not send the form to this address. Instead, see *Where to file* on this page.

Chart for individual transcripts (Form 1040 series and Form W-2 and Form 1099)

If you filed an individual return and lived in:	Mail or fax to:
Florida, Louisiana, Mississippi, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team Stop 6716 AUSC Austin, TX 73301 855-587-9604
Alabama, Arkansas, Delaware, Georgia, Illinois, Indiana, Iowa, Kentucky, Maine, Massachusetts, Minnesota, Missouri, New Hampshire, New Jersey, New York, North Carolina, Oklahoma, South Carolina, Tennessee, Vermont, Virginia, Wisconsin	Internal Revenue Service RAIVS Team Stop 6705 S-2 Kansas City, MO 64999 855-821-0094
Alaska, Arizona, California, Colorado, Connecticut, District of Columbia, Hawaii, Idaho, Kansas, Maryland, Michigan, Montana, Nebraska, Nevada, New Mexico, North Dakota, Ohio, Oregon, Pennsylvania, Rhode Island, South Dakota, Utah, Washington, West Virginia, Wyoming	Internal Revenue Service RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409 855-298-1145

Chart for all other transcripts

If you lived in or your business was in:	Mail or fax to:
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409 855-298-1145
Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia, Wisconsin	Internal Revenue Service RAIVS Team Stop 6705 S-2 Kansas City, MO 64999 855-821-0094



You must check the box in the signature area to acknowledge you have the authority to sign and request the information. The form will not be processed and returned to you if the box is unchecked.

PROVIDE RESIDENCY HISTORY FOR THE PAST FIVE YEARS, IF YOU HAVE BEEN HOMELESS DURNIG THE PAST FIVE YEARS ENTER THE START DATE ON THE "FROM" LINE AND LEAVE TO PRESENT

PROVIDE LANDLORD NAME, ADDRESS, AND PHONE NUMBER FOR THOSE LANDLORDS YOU LIVED WITH DURING THE PAST FIVE YEARS



FIVE-YEAR RESIDENCY HISTORY

Please indicate all addresses where you have resided in the last five years. **Begin with the most recent.**

Applicant(s) name and Address

Your Landlord's Address

1. _____

From: _____ To: Present
Landlord: Name: _____
Address: _____

Telephone Num. _____

2. _____

From: _____ To: _____
Landlord: Name: _____
Address: _____

Telephone Num. _____

3. _____

From: _____ To: _____
Landlord: Name: _____
Address: _____

Telephone Num. _____

4. _____

From: _____ To: _____
Landlord: Name: _____
Address: _____

Telephone Num. _____

5. _____

From: _____ To: _____
Landlord: Name: _____
Address: _____

Telephone Num. _____



SIGN AND DATE A LANDLORD VERIFICATION
FOR EACH LANDLORD LISTED ON THE FIVE-
YEAR RESIDENCY HISTORY

INCLUDED ARE THREE LANDLORD VERIFICATION
FORMS. IF YOU NEED MORE LANDLORD
VERIFICATION FORMS, PLEASE EMAIL
AWILLIAMS@TELACU.com.



A# _____ APT# _____
LANDLORD VERIFICATION

PLEASE COMPLETE AND RETURN TO

FACILITY STAMP

Date: _____

Applicant's Information

To: _____ Re: _____

Dear Landlord:

This person has applied for housing under a program of the U.S. Department and Urban Development (HUD). HUD requires the housing owner to verify all information that is used in determining this person's eligibility or level of benefits. We ask your cooperation in providing the following information and returning it to the person listed at the top of the page. Your prompt return of this information will help to ensure timely processing of the application for assistance. Enclosed is a self-addressed, stamped envelope for this purpose. The applicant has consented to this release of information as shown below.

RELEASE: I hereby authorize the release of the requested information obtained under this consent is limited to information that is older than 12 months. There are circumstances that would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

Applicant Signature

Date

Applicant Signature

Date

NOTE: You do not have to sign this form if either the requesting organization or the organization supplying the information is blank.

1. How long did the above applicant live at this address? From (mm/dd/yy) _____ To (mm/dd/yy) _____
2. How many were in the household? Adults _____ Children _____
3. What was the monthly rent? \$ _____
4. Did the applicant ever fall behind in payment of monthly rent? Yes _____ No _____ # of times _____
5. Did the applicant leave your apartment owing for any damages? Yes _____ No _____
6. Is the household currently on any repayment plan? Yes _____ No _____. If Yes, what was it for _____
7. Did the applicant maintain the home in satisfactory condition? Yes _____ No _____
8. Was the applicant destructive to the apartment or the surrounding public area? Yes _____ No _____
9. How would you consider the applicant's overall conduct during residency?
Excellent _____ Good _____ Fair _____ Poor _____
10. Did this applicant have anyone that was residing with them that was not on the lease? Yes _____ No _____
11. Did the applicant ever receive an eviction notice from you? Yes _____ No _____.
If Yes, what was the eviction notice for _____ Material Non-compliance _____ Unit Maintenance _____



_____ Compliance with regulatory requirements _____ Rental Payment Performance
 _____ Adherence to the lease and community policies
 _____ Other _____

Name & Title of Person
 Supplying the Information: _____

Signature: _____ Telephone # _____

Firm/Org. Name: _____ Date: _____

THERE ARE PENALTIES FOR MISUSING THIS CONSENT FORM

Penalties For Misusing This Consent

"Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at **208 (a) (6), (7) and (8).** Violation of these provisions are cited as violations of 42 U.S.C. Section **408 (a) (6), (7) and (8).**"



A# _____ APT# _____
LANDLORD VERIFICATION

PLEASE COMPLETE AND RETURN TO

FACILITY STAMP

Date: _____

Applicant's Information

Re:

Dear Landlord:

This person has applied for housing under a program of the U.S. Department and Urban Development (HUD). HUD requires the housing owner to verify all information that is used in determining this person's eligibility or level of benefits. We ask your cooperation in providing the following information and returning it to the person listed at the top of the page. Your prompt return of this information will help to ensure timely processing of the application for assistance. Enclosed is a self-addressed, stamped envelope for this purpose. The applicant has consented to this release of information as shown below.

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Date

Applicant Signature

Date

NOTE: You do not have to sign this form if either the requesting organization or the organization supplying the information is blank.

1. How long did the above applicant live at this address? From _____ To _____
2. How many were in the household? Adults _____ Children _____
3. What was the monthly rent? \$ _____
4. Did the applicant ever fall behind in payment of monthly rent? Yes _____ No _____
5. Did the applicant leave your apartment owing for any damages? Yes _____ No _____
6. Is the household currently on any repayment plan? Yes _____ No _____



FORM OCC027
09/21



If Yes, what is for _____

7. Did the applicant maintain the home in satisfactory condition? Yes _____ No _____

8. Was the applicant destructive to the apartment or the surrounding public area? Yes ____ No ____

9. How would you consider the applicant's overall conduct during residency?

Excellent _____ Good _____ Fair _____ Poor _____

10. Did this applicant have anyone that was residing with them that was not on the lease? Yes ____ No ____

11. Did the applicant ever receive an eviction notice from you? Yes ____ No ____

If Yes, what was the eviction notice for?

Material Non-compliance ____ Unit Maintenance ____ Compliance with Regulatory Requirements ____

Rental Payment Performance ____ Adherence to the Lease and Community Policies ____

Other ____

Name & Title of Person Supplying the Information: _____

Signature _____ Telephone No. _____

Firm/Org Name _____ Date _____

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FORM OCC027
09/21





A# _____ APT# _____
LANDLORD VERIFICATION

PLEASE COMPLETE AND RETURN TO

FACILITY STAMP

Date: _____

Applicant's Information

Re:

Dear Landlord:

This person has applied for housing under a program of the U.S. Department and Urban Development (HUD). HUD requires the housing owner to verify all information that is used in determining this person's eligibility or level of benefits. We ask your cooperation in providing the following information and returning it to the person listed at the top of the page. Your prompt return of this information will help to ensure timely processing of the application for assistance. Enclosed is a self-addressed, stamped envelope for this purpose. The applicant has consented to this release of information as shown below.

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Date

Applicant Signature

Date

NOTE: You do not have to sign this form if either the requesting organization or the organization supplying the information is blank.

1. How long did the above applicant live at this address? From _____ To _____
2. How many were in the household? Adults _____ Children _____
3. What was the monthly rent? \$ _____
4. Did the applicant ever fall behind in payment of monthly rent? Yes _____ No _____
5. Did the applicant leave your apartment owing for any damages? Yes _____ No _____
6. Is the household currently on any repayment plan? Yes _____ No _____



FORM OCC027
09/21



If Yes, what is for _____

7. Did the applicant maintain the home in satisfactory condition? Yes _____ No _____

8. Was the applicant destructive to the apartment or the surrounding public area? Yes ____ No ____

9. How would you consider the applicant's overall conduct during residency?

Excellent _____ Good _____ Fair _____ Poor _____

10. Did this applicant have anyone that was residing with them that was not on the lease? Yes ____ No ____

11. Did the applicant ever receive an eviction notice from you? Yes ____ No ____

If Yes, what was the eviction notice for?

Material Non-compliance ____ Unit Maintenance ____ Compliance with Regulatory Requirements ____

Rental Payment Performance ____ Adherence to the Lease and Community Policies ____

Other ____

Name & Title of Person Supplying the Information: _____

Signature _____ Telephone No. _____

Firm/Org Name _____ Date _____

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FORM OCC027
09/21



ANSWER ALL QUESTIONS ON TENANT
INCOME CERTIFICATION QUESTIONNAIRE,
ENTER YOUR NAME AND SIGNATURE ON
SECOND PAGE

TENANT INCOME CERTIFICATION QUESTIONNAIRE

One Form per Adult Member of the Household

NAME: _____	TELEPHONE NUMBER: _____
<input type="checkbox"/> Initial Certification	BIN # _____
<input type="checkbox"/> Re-certification	
<input type="checkbox"/> Other	Unit # _____

INCOME INFORMATION

	YES	NO		MONTHLY GROSS INCOME
1.	<input type="checkbox"/>	<input type="checkbox"/>	I am self-employed. (List nature of self employment) _____	(use <u>net</u> income from self-employment only) \$ _____
2.	<input type="checkbox"/>	<input type="checkbox"/>	I have a job and receive wages, salary, overtime pay, commissions, fees, tips, bonuses, and/or other compensation: List the businesses and/or companies that pay you: <div style="text-align: center;"><u>Name of Employer</u></div> 1) _____ \$ _____ 2) _____ \$ _____ 3) _____ \$ _____	
3.	<input type="checkbox"/>	<input type="checkbox"/>	I receive cash contributions of gifts including rent or utility payments, on an ongoing basis from persons not living with me.	\$ _____
4.	<input type="checkbox"/>	<input type="checkbox"/>	I receive unemployment benefits.	\$ _____
5.	<input type="checkbox"/>	<input type="checkbox"/>	I receive Veteran's Administration, GI Bill, or National Guard/Military benefits/income.	\$ _____
6.	<input type="checkbox"/>	<input type="checkbox"/>	I receive periodic social security payments.	\$ _____
7.	<input type="checkbox"/>	<input type="checkbox"/>	The household receives <u>unearned</u> income from family members age 17 or under (example: Social Security, Trust Fund disbursements, etc.).	\$ _____
8.	<input type="checkbox"/>	<input type="checkbox"/>	I receive Supplemental Security Income (SSI).	\$ _____
9.	<input type="checkbox"/>	<input type="checkbox"/>	I receive disability or death benefits other than Social Security.	\$ _____
10.	<input type="checkbox"/>	<input type="checkbox"/>	I receive Public Assistance Income (examples: TANF, AFDC)	\$ _____
11.	<input type="checkbox"/>	<input type="checkbox"/>	I am entitled to receive child support payments.	\$ _____
	<input type="checkbox"/>	<input type="checkbox"/>	I am currently receiving child support payments. If yes, from how many persons do you receive support? _____	\$ _____
	<input type="checkbox"/>	<input type="checkbox"/>	I am currently making efforts to collect child support owed to me. List efforts being made to collect child support: _____ _____	
12.	<input type="checkbox"/>	<input type="checkbox"/>	I receive alimony/spousal support payments	\$ _____
13.	<input type="checkbox"/>	<input type="checkbox"/>	I receive periodic payments from trusts, annuities, inheritance, retirement funds or pensions, insurance policies, or lottery winnings. If yes, list sources: 1) _____	\$ _____ \$ _____
14.	<input type="checkbox"/>	<input type="checkbox"/>	I receive income from real or personal property.	(use <u>net</u> earned income) \$ _____
15.	<input type="checkbox"/>	<input type="checkbox"/>	Student financial aid (public or private, not including student loans) Subtract cost of tuition from Aid received <i>*For Households receiving Section 8 Assistance Only</i>	\$ _____

ASSET INFORMATION

	YES	NO		INTEREST RATE	CASH VALUE
16.	<input type="checkbox"/>	<input type="checkbox"/>	I have a checking account(s). If yes, list bank(s) 1) _____ 2) _____	_____% _____%	\$ _____ \$ _____

17.	<input type="checkbox"/>	<input type="checkbox"/>	I have a savings account(s) If yes, list bank(s) 1) _____ 2) _____	_____% _____%	\$ _____ \$ _____
18.	<input type="checkbox"/>	<input type="checkbox"/>	I have an EBT, Debit Visa, MasterCard account(s). (Including Social Security wages, Unemployment, Public Assistance, Disability, Etc...) If yes, list sources(s) of income being received/type of account(s) 1) _____ 2) _____ 3) _____		\$ _____ \$ _____ \$ _____
19.	<input type="checkbox"/>	<input type="checkbox"/>	I have a revocable trust(s) If yes, list bank(s) 1) _____	_____%	\$ _____
20.	<input type="checkbox"/>	<input type="checkbox"/>	I own real estate. If yes, provide description: _____		\$ _____
21.	<input type="checkbox"/>	<input type="checkbox"/>	I own stocks, bonds, or Treasury Bills If yes, list sources/bank names 1) _____ 2) _____ 3) _____	_____% _____% _____%	\$ _____ \$ _____ \$ _____
22.	<input type="checkbox"/>	<input type="checkbox"/>	I have Certificates of Deposit (CD) or Money Market Account(s). If yes, list sources/bank names 1) _____ 2) _____ 3) _____	_____% _____% _____%	\$ _____ \$ _____ \$ _____
23.	<input type="checkbox"/>	<input type="checkbox"/>	I have an IRA/Lump Sum Pension/Keogh Account/401K. If yes, list bank(s) 1) _____ 2) _____	_____% _____%	\$ _____ \$ _____
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 have cash on hand.		\$ _____
26.	<input type="checkbox"/>	<input type="checkbox"/>	I have disposed of assets (i.e. gave away money/assets) for less than the fair market value in the past 2 years. If yes, list items and date disposed: 1) _____ 2) _____		\$ _____ \$ _____

STUDENT STATUS

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Does the household consist of all persons who are <u>full-time</u> students (Examples: K-12, College, Trade School, etc.)?
<input type="checkbox"/>	<input type="checkbox"/>	Does the household consist of all persons who have been a <u>full-time</u> student 5 months in the current calendar year?
<input type="checkbox"/>	<input type="checkbox"/>	Does your household anticipate becoming an all full-time student household in the next 12 months?
<input type="checkbox"/>	<input type="checkbox"/>	If you answered yes to any of the previous three questions are you:
<input type="checkbox"/>	<input type="checkbox"/>	• Receiving assistance under Title IV of the Social Security Act (AFDC/TANF/Cal Works - not SSA/SSI)
<input type="checkbox"/>	<input type="checkbox"/>	• Enrolled in a job training program receiving assistance through the Job Training Participation Act (JTPA) or other similar program
<input type="checkbox"/>	<input type="checkbox"/>	• Married and filing (or are entitled to file) a joint tax return
<input type="checkbox"/>	<input type="checkbox"/>	• Single parent with a dependant child or children and neither you nor your child(ren) are dependent of another individual
<input type="checkbox"/>	<input type="checkbox"/>	• Previously enrolled in the Foster Care program (currently age 18-24)

UNDER PENALTIES OF PERJURY, I CERTIFY THAT THE INFORMATION PRESENTED ON THIS FORM IS TRUE AND ACCURATE TO THE BEST OF MY/OUR KNOWLEDGE. THE UNDERSIGNED FURTHER UNDERSTANDS THAT PROVIDING FALSE REPRESENTATIONS HEREIN CONSTITUTES AN ACT OF FRAUD. FALSE, MISLEADING OR INCOMPLETE INFORMATION WILL RESULT IN THE DENIAL OF APPLICATION OR TERMINATION OF THE LEASE AGREEMENT.

PRINTED NAME OF APPLICANT/TENANT

SIGNATURE OF APPLICANT/TENANT

DATE

WITNESSED BY (SIGNATURE OF OWNER/REPRESENTATIVE)

DATE

PART IX. SUPPLEMENTAL INFORMATION FORM

The California Tax Credit Allocation Committee (CTCAC) requests the following information in order to comply with the Housing and Economic Recovery Act (HERA) of 2008, which requires all Low Income Housing Tax Credit (LIHTC) properties to collect and submit to the U.S. Department of Housing and Urban Development (HUD), certain demographic and economic information on tenants residing in LIHTC financed properties. Although the CTCAC would appreciate receiving this information, you may choose not to furnish it. You will not be discriminated against on the basis of this information, or on whether or not you choose to furnish it. If you do not wish to furnish this information, please check the box at the bottom of the page and initial.

Enter both Ethnicity and Race codes for each household member (see below for codes).

TENANT DEMOGRAPHIC PROFILE						
HH Mbr #	Last Name	First Name	Middle Initial	Race	Ethnicity	Disabled
1						
2						
3						
4						
5						
6						
7						

The Following Race Codes should be used:

- 1 – White – A person having origins in any of the original people of Europe, the Middle East or North Africa.
- 2 – Black/African American – A person having origins in any of the black racial groups of Africa. Terms such as “Haitian” apply to this category.
- 3 – American Indian/Alaska Native – A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- 4 – Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent:
 - 4a – Asian India
 - 4b – Chinese
 - 4c – Filipino
 - 4d – Japanese
 - 4e – Korean
 - 4f – Vietnamese
 - 4g – Other Asian
- 5 – Native Hawaiian/Other Pacific Islander – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands:
 - 5a – Native Hawaiian
 - 5b – Guamanian or Chamorro
 - 5c – Samoan
 - 5d – Other Pacific Islander
- 6 – Other
- 7 – Did not respond. **(Please initial below)**

Note: Multiple racial categories may be indicated as such: 31 – American Indian/Alaska Native & White, 14b – White & Asian (Chinese), etc.

The Following Ethnicity Codes should be used:

- 1 – Hispanic – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. Terms such as “Latino” or “Spanish Origin” apply to this category.
- 2 – Not Hispanic – A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- 3 – Did not respond. **(Please initial below)**

Disability Status:

- 1 – Yes
 - If any member of the household is disabled according to Fair Housing Act definition for handicap (disability):
 - 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, please see 24 CFR 100.201, available at <http://fairhousing.com/legal-research/hud-regulations/24-cfr-100201-definitions>.
 - “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 transgender.
- 2 – No
- 3 – Did not respond **(Please initial below)**

Resident/Applicant: I do not wish to furnish information regarding ethnicity, race and other household composition.

(Initials) _____
 (HH#) 1. 2. 3. 4. 5. 6. 7.

COMPLETE ALL QUESTIONS ON LANGUAGE
ACCESS PLAN SURVEY

SIGN & DATE SECOND PAGE



**TELACU RESIDENTIAL MANAGEMENT, INC.
TELACU PROPERTY MANAGEMENT, INC.**

Language Access Plan (LAP) Survey

In its endeavor to ensure that affordable housing information is made available to those individuals who do not speak, read, or understand English proficiently, the Department of Housing and Urban Development (HUD) now requires that you provide us with your English language skill levels. Also, Management would like to know your language preference when receiving important information from Management. Your assistance in answering the questions below is greatly appreciated. This survey is optional to complete.

Name _____

What language do you understand?

- English
- Other: _____

What language do you speak?

- English
- Other: _____

What language do you read?

- English
- Other: _____
- Does not read

What language do you write?

- English
- Other: _____
- Does not write



On the following pages is a list of languages. If you do not speak English in your home, please check the language that is spoken.

For the language that I select:

- I can both speak and read this language
- I can only speak this language

Applicant or Resident Signature

Date

Application Number or Unit Number

- Refused to complete survey

- | | |
|---|------------------------|
| <input type="checkbox"/> <p>ضع علامة في هذا المربع إذا كنت تقرأ أو تتحدث العربية.</p> | 1. Arabic |
| <input type="checkbox"/> <p>Խոսողո՞ւմ ե՞սք նշո՞ւմ կատարե՞ք այս քանակուսու՞մ, եթե խոսո՞ւմ կա՞մ կարողո՞ւմ եք հայերեն:</p> | 2. Armenian |
| <input type="checkbox"/> <p>যদি আপনি বাংলা পড়েন বা বলেন তা হলে এই বাক্সে দাগ দিন।</p> | 3. Bengali |
| <input type="checkbox"/> <p>ល្អបញ្ជាក់ក្នុងប្រអប់នេះ បើអ្នកអាន ឬនិយាយភាសា ខ្មែរ ។</p> | 4. Cambodian |
| <input type="checkbox"/> <p>Motka i kahhon ya yangin ûntûngnu' manaitai pat ûntûngnu' kumentos Chamorro.</p> | 5. Chamorro |
| <input type="checkbox"/> <p>如果你能读中文或讲中文，请选择此框。</p> | 6. Simplified Chinese |
| <input type="checkbox"/> <p>如果你能讀中文或講中文，請選擇此框。</p> | 7. Traditional Chinese |
| <input type="checkbox"/> <p>Označite ovaj kvadratić ako čitate ili govorite hrvatski jezik.</p> | 8. Croatian |
| <input type="checkbox"/> <p>Zaškrtněte tuto kolonku, pokud čtete a hovoříte česky.</p> | 9. Czech |
| <input type="checkbox"/> <p>Kruis dit vakje aan als u Nederlands kunt lezen of spreken.</p> | 10. Dutch |
| <input type="checkbox"/> <p>Mark this box if you read or speak English.</p> | 11. English |
| <input type="checkbox"/> <p>اگر خواندن و نوشتن فارسی بلد هستید، این مربع را علامت بنید.</p> | 12. Farsi |

<input type="checkbox"/>	Cocher ici si vous lisez ou parlez le français.	13. French
<input type="checkbox"/>	Kreuzen Sie dieses Kästchen an, wenn Sie Deutsch lesen oder sprechen.	14. German
<input type="checkbox"/>	Σημειώστε αυτό το πλαίσιο αν διαβάζετε ή μιλάτε Ελληνικά.	15. Greek
<input type="checkbox"/>	Make kazye sa a si ou li oswa ou pale kreyòl ayisyen.	16. Haitian Creole
<input type="checkbox"/>	अगर आप हिन्दी बोलते या पढ़ सकते हैं तो इस बक्स पर चिह्न लगाएँ।	17. Hindi
<input type="checkbox"/>	Kos lub voj no yog koj paub twm thiab hais lus Hmoob.	18. Hmong
<input type="checkbox"/>	Jelölje meg ezt a kockát, ha megérta vagy beszéli a magyar nyelvet.	19. Hungarian
<input type="checkbox"/>	Markaam daytoy nga kahon no makabasa wenno makasaoka iti Ilocano.	20. Ilocano
<input type="checkbox"/>	Marchi questa casella se legge o parla italiano.	21. Italian
<input type="checkbox"/>	日本語を読んだり、話せる場合はここに印を付けてください。	22. Japanese
<input type="checkbox"/>	한국어를 읽거나 말할 수 있으면 이 칸에 표시하십시오.	23. Korean
<input type="checkbox"/>	ໃຫ້ໝາຍໃສ່ຊ່ອງນີ້ ຖ້າທ່ານອ່ານຫຼືປາກພາສາລາວ.	24. Laotian
<input type="checkbox"/>	Prosimy o zaznaczenie tego kwadratu, jeżeli posługuje się Pan/Pani językiem polskim.	25. Polish

<input type="checkbox"/>	Assinale este quadrado se você lê ou fala português.	26. Portuguese
<input type="checkbox"/>	Însemnați această casuță dacă citiți sau vorbiți românește.	27. Romanian
<input type="checkbox"/>	Пометьте этот квадратик, если вы читаете или говорите по-русски.	28. Russian
<input type="checkbox"/>	Обележите овај квадратик уколико читате или говорите српски језик.	29. Serbian
<input type="checkbox"/>	Označte tento štvorček, ak viete čítať alebo hovoriť po slovensky.	30. Slovak
<input type="checkbox"/>	Marque esta casilla si lee o habla español.	31. Spanish
<input type="checkbox"/>	Markahan itong kuwadrado kung kayo ay marunong magbasa o magsalita ng Tagalog.	32. Tagalog
<input type="checkbox"/>	ให้กาเครื่องหมายลงในช่องถ้าท่านอ่านหรือพูดภาษาไทย.	33. Thai
<input type="checkbox"/>	Maaka 'i he puha ni kapau 'oku ke lau pe lea fakatonga.	34. Tongan
<input type="checkbox"/>	Відмітьте цю клітинку, якщо ви читаете або говорите українською мовою.	35. Ukrainian
<input type="checkbox"/>	اگر آپ اردو پڑھتے یا بولتے ہیں تو اس خانے میں نشان لگائیں۔	36. Urdu
<input type="checkbox"/>	Xin đánh dấu vào ô này nếu quý vị biết đọc và nói được Việt Ngữ.	37. Vietnamese
<input type="checkbox"/>	באצייכנט דעם קעסטל אויב איר לייענט אדער רעדט אידיש.	38. Yiddish

ONLY COMPLETE WHAT IT IS HIGHLIGHTED
ON THE ENCLOSED VERIFICATIONS, DO NOT
COMPLETE ANYTHING ELSE

ONLY COMPLETE VERIFICATIONS
APPLICABLE TO YOU



VERIFICATION OF VETERANS ADMINISTRATION BENEFITS

DATE: _____

TO: _____

FROM: **Casa de Rosas**
c/o - TELACU Property Management, Inc.
1248 Goodrich Blvd., Los Angeles CA 90022
F 323.838.0602; Email - TRMClerk@TELACU.com

SUBJECT: Verification of Information Supplied by an Applicant/Tenant for Housing Assistance

NAME: _____

ADDRESS: _____

CLAIM NUMBER: _____ **SERIAL NUMBER:** _____

INS. POL NO.: _____ **PAYMENT DATE DUE:** _____

DATE OF BIRTH: _____ WWI/ WW2/ KOREA/ VIETNAM/ OTHER

This person has applied for housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD). HUD requires the housing owner to verify all information that is used in determining this person's eligibility or level of benefits. We ask your cooperation in providing the following information and returning it to the person listed at the top of the page. Your prompt return of this information will help to assure timely processing of the application for assistance. Enclosed is a self-addressed stamped envelope for this purpose. The applicant/tenant has consented to this release of information as shown below.

INFORMATION BEING REQUESTED:

1. Date of Initial Benefit: _____
2. Periods of Active Duty: From _____ To _____ / From _____ To _____
3. Allowance for Education or Training: School On the Job
Effective Date of Current Award: _____ Ending Date: _____
Name of Training Institution: _____
Name and Address of Employer: _____
Monthly Amount: \$ _____
4. Compensation (service connected): Disability Death Dependency and Indemnity
Pension (non-service connected): Disability Death
Effective Date of Current Award: _____ Monthly Amount: \$ _____
5. Other Payments (Mo Insurance, etc): _____ Monthly Amount: \$ _____
6. Changes: If any change is contemplated, check here and explain: _____

NAME AND TITLE OF PERSON SUPPLYING INFORMATION

FIRM/ORGANIZATION

SIGNATURE

DATE

PHONE NUMBER

APPLICANT: YOU DO NOT HAVE TO SIGN THIS FORM IF EITHER THE REQUESTING ORGANIZATION OR THE ORGANIZATION SUPPLYING THE INFORMATION IS LEFT BLANK.

RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances which would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

APPLICANT SIGNATURE

DATE

PENALTIES FOR MISUSING THIS CONSENT: "Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the **Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).**"



ONLY COMPLETE HIGHLIGHTED SECTIONS ON
THIS FORM

UNDER \$5,000 ASSET CERTIFICATION

For households whose combined net assets do not exceed \$4999.99.

Complete one form for households with joint assets or one form per person with separate assets. If a household contains both joint and separate assets, use separate forms and list the joint asset on both forms with the statement (**Joint**) next to the applicable asset.

Household Name: _____ Unit No. _____

Development Name: Casa de Rosas Campus City: Los Angeles

Complete the following:

1. **Choose one:**

I/we do not have any assets at this time. *(if this box is checked, draw a line through the asset information below, place a zero in #3, sign and date)*

OR

My/our assets include:

(Please complete fully. Put a zero in any columns that do not apply)

(A) Cash Value*	(B) Int. Rate	(A*B) Annual Income	Source	(A) Cash Value*	(B) Int. Rate	(A*B) Annual Income	Source
\$ _____	_____	\$ _____	Savings Account	\$ _____	_____	\$ _____	Checking Account
\$ _____	_____	\$ _____	Cash on Hand	\$ _____	_____	\$ _____	Safety Deposit Box
\$ _____	_____	\$ _____	EBT/Debit Visa or MC	\$ _____	_____	\$ _____	Certificates of Deposit
\$ _____	_____	\$ _____	Stocks	\$ _____	_____	\$ _____	Money market funds
\$ _____	_____	\$ _____	IRA Accounts	\$ _____	_____	\$ _____	Bonds
\$ _____	_____	\$ _____	Keogh Accounts	\$ _____	_____	\$ _____	401K Accounts
\$ _____	_____	\$ _____	Equity in real estate	\$ _____	_____	\$ _____	Trust Funds
\$ _____	_____	\$ _____	Lump Sum Receipts	\$ _____	_____	\$ _____	Capital investments
\$ _____	_____	\$ _____	Life Insurance Policies (excluding Term)				
\$ _____	_____	\$ _____	Other Retirement/Pension Funds not named above:				_____
\$ _____	_____	\$ _____	Personal property held as an investment** :				_____
\$ _____	_____	\$ _____	Other (list):				_____

PLEASE NOTE: Certain funds (e.g., Retirement, Pension, Trust) may or may not be (fully) accessible to you. Include only those amounts which are.

*Cash value is defined as market value minus the cost of converting the asset to cash, such as broker's fees, settlement costs, outstanding loans, early withdrawal penalties, etc.

**Personal property held as an investment may include, but is not limited to, gem or coin collections, art, antique cars, etc. Do not include necessary personal property such as, but not necessarily limited to, household furniture, daily-use autos, clothing, assets of an active business, or special equipment for use by the disabled.

2. **Choose one:**

I/we have not sold or given away assets (including cash, real estate, etc.) for less than fair market value during the past two (2) years.

OR

Within the past two (2) years, I/we have sold or given away assets (including cash, real estate, etc.) for more than \$1,000 below their fair market value (FMV). Those amounts* are included above and are equal to a total of: \$ _____ (*the difference between FMV and the amount received, for each asset on which this occurred).

3. **Please complete:**

The net family assets (as defined in 24 CFR 813.102) above do not exceed \$5,000 and the total annual income (add all annual income columns) from the net family assets is \$ _____ . This amount is included in total gross annual income.

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our 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.

Applicant/Tenant _____

Date _____

Applicant/Tenant _____

Date _____

INSTRUCTIONS FOR COMPLETING UNDER \$5000 ASSET VERIFICATION FORM

*This form is to be completed by tenants whose combined total net assets do not exceed \$4999.99. Complete one form per households with joint assets or on form per person with separate assets. If a household contains both joint and separate assets, use separate forms and list the joint asset on both forms with the statement (**Joint**) next to the applicable asset.*

Household Name Enter Last name of the Head of Household

Unit No. Enter the Unit number the household is occupying

Development Name Enter the name of the Property

City: Enter the name of the City where the Property is located

Complete the Following:

- Question 1: Tenant must select **one** of the two options:
Option 1 – I / we do not have any assets at this time. If this box is checked, draw a line through the Asset information below, sign and date form.
Option 2 – My / our assets include. If this box is checked, the tenant must list all applicable assets, interest rates and annual income. A zero notation should be put in any columns that do not apply.
- Question 2: Tenant must select **one** of the two options:
Option 1 - I/we have not sold or given away assets (including cash, real estate, etc.) for less than fair market value during the past two (2) years. If this box is checked, go onto Part 3.
Option 2 - Within the past two (2) years, I/we have sold or given away assets (including cash, real estate, etc.) for more than \$1,000 below their fair market value (FMV). Those amounts* are included above and are equal to a total of: \$ _____ (*the difference between FMV and the amount received, for each asset on which this occurred). If this box is checked and the total amount when added to the total annual income from the asset, does not exceed \$5000, go onto Part 3. If the amount exceeds \$5000, then 3rd party verification of **all** assets (including those noted above) must be obtained.
- Question 3: **The net family assets (as defined in 24 CFR 813.102) above do not exceed \$5,000 and the total annual income (add all annual income columns) from the net family assets is \$_____.**
This amount is included in total gross annual income. All totals in the Annual Income column should be added together and the number written on the line. If no assets are present or Question 1 indicates that there are no household or individual assets, place a Zero on the line.

Signature Statement

It is the responsibility of the tenant(s) to sign and date the document, as accurate under penalty of perjury. Management should ensure that the form is filled out completely and in its entirety.

These instructions should not be considered a complete guide on tax credit compliance. The responsibility for compliance with federal program regulations lies with the owner of the building(s) for which the credit is allowable.

ANSWER ALL QUESTIONS ON CHILD
SUPPORT AFIDAVIT, AND COMPLETE
HIGHLIGHTED SECTIONS

Applicant/Resident Name _____

Development Name _____

Casa de Rosas Campus

Unit Number/Identification _____

Child support and/or spousal support payments that are received shall be included as income whether or not there is yet a court order awarding payment.

Child/Spousal support amounts awarded by the courts but not received can be excluded only when the applicant/resident certifies that payments are not being made and further documents that all reasonable legal actions to collect amounts due, including filing with the appropriate courts or agencies responsible for enforcing payment, have been taken.

As part of the qualification process required by federal and/or state housing programs with jurisdiction over this development the following information is needed:

A. Do you receive child support and/or spousal support?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Go to B	Go to C.1
B. I receive:		
1. Payment amount	\$ _____	
2. Frequency	_____	
3. Name(s) of Recipient(s)	_____	

4. Name of source	_____	
	<i>Complete multiple affidavit forms if there are multiple sources.</i>	
5. Go to C.1		
C. 1. Have you been awarded child or spousal support by court order?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Go to C.2	Sign Form
2. Provide copy of entire document, enter amount of award \$ _____, and frequency _____; go to C.3.		
3. Is payment being received as awarded?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Go to 3.a	Go to 3.b
a. Indicate the manner by which payment is received and sign form.		
i. _____ Enforcement agency	Name agency _____ and provide agency print out	
ii. _____ Court of Law	Name court _____	
iii. _____ Direct from responsible party	Name source _____ and provide affidavit or statement from the source.	
iv. _____ Other (Explain)	_____	
b. If payment not received or if amount received is less than amount awarded provide details and documentation of collection efforts.		

Under penalty of perjury, I certify that the information presented in this affidavit 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 a lease agreement.		
Applicant/Resident Signature _____	Date _____	

**ANSWER ALL QUESTIONS ON STUDENT
STATUS CERTIFICATION, AND COMPLETE
HIGHLIGHTED SECTIONS**



STUDENT STATUS CERTIFICATION

Complex Name Casa de Rosa Campus Unit # _____

Applicant/ Resident Name _____
(Print Name)

X Move In
_____ Annual Recertification

Will all of the persons in your household be or have been full-time students during five calendar months of the certification year? _____ Yes _____ No

If Yes, then is anyone in your household:

- A student and receiving AFDC/TANF? _____ Yes _____ No
- A student who was previously in a foster care program under Part B or Part E of title IV of the Social Security Act? _____ Yes _____ No
- A student enrolled in a job training program under the Job Training Partnership Act (federal, state, or local)? _____ Yes _____ No
- A single parent living with his/her minor children and such parent is not a dependent (as defined in Section 152) and whose children are not dependents of another individual other than a parent? _____ Yes _____ No
- Married and file a joint return? _____ Yes _____ No

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 under penalty of perjury 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.

Applicant/Resident Signature _____

Date _____



ONLY COMPLETE WHAT IT IS HIGHLIGHTED
ON THE ENCLOSED VERIFICATIONS, DO NOT
COMPLETE ANYTHING ELSE

ONLY COMPLETE VERIFICATIONS
APPLICABLE TO YOU



TELACU RESIDENTIAL MANAGEMENT, INC.
 TELACU PROPERTY MANAGEMENT, INC.
 Subsidiary of
 TELACU

APP NO. # _____ APT # _____

INCOME/ASSETS BANK VERIFICATION

RESPONSE DUE BY _____

FROM: _____
 FACILITY MANAGER

TO: _____
 BANK NAME _____
 ADDRESS _____
 STREET ADDRESS _____
 CITY STATE ZIP CODE _____

PLEASE COMPLETE AND RETURN TO
 Casa de Rosas
 c/o TELACU Property Management, Inc
 1248 Goodrich Blvd., Los Angeles CA 90022
 Email - TRMClerk@TELACU.com
 F 323.838.0602
 FACILITY STAMP

SUBJECT: Verification of Information Supplied by an Applicant for Housing Assistance

Name _____ S.S.# _____

Address _____ City _____ State _____ Zip _____

This person has applied for housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD). HUD requires the housing owner to verify all information that is used in determining this person's eligibility or level of benefits. We ask your cooperation in providing the following information and returning it to the person listed at the top of the page. Your prompt return of this information will help to ensure timely processing of the application for assistance. Enclosed is a self-addressed, stamped envelope for this purpose. The applicant/tenant has consented to this release of

THIS SECTION TO BE COMPLETED BY BANK

CHECKING Account Number	Avg 6 Month Balance	Interest Rate	Current Balance
	\$		% \$
	\$		% \$
	\$		% \$
	\$		% \$
SAVINGS Account Number	Current Balance	Interest Rate	
	\$		%
	\$		%
	\$		%
	\$		%
OTHER Account (i.e. CD; Money Market; Debit, etc.)	Current Balance	Interest Rate	Withdrawal Penalty
	\$		%
	\$		%
	\$		%
	\$		%

NAME & TITLE OF PERSON SUPPLYING THE INFORMATION	FIRM/ORGANIZATION	
SIGNATURE	DATE	PHONE NUMBER

YOU DO NOT HAVE TO SIGN THIS FORM IF EITHER THE REQUESTING ORGANIZATION OR THE ORGANIZATION SUPPLYING THE INFORMATION IS LEFT BLANK.

RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances that would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

SIGNATURE _____

DATE _____



THERE ARE PENALTIES FOR MISUSING THIS CONSENT FORM (SEE REVERSE)



Penalties For Misusing This Consent

"Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at **208 (a) (6), (7) and (8).** Violation of these provisions are cited as violations of 42 U.S.C. Section **408 (a) (6), (7) and (8).**"



TELACU RESIDENTIAL MANAGEMENT
 Subsidiary of
 TELACU

A # _____ APT # _____

PUBLIC ASSISTANCE VERIFICATION

RESPONSE DUE BY _____

FROM: _____
 FACILITY MANAGER

PLEASE COMPLETE AND RETURN TO
 Casa de Rosas
 c/o TELACU Property Management, Inc.
 1248 Goodrich Blvd., Los Angeles CA 90022
 Email - TRMClerk@TELACU.com
 F 323.838.0602

FACILITY STAMP

TO: _____
 NAME

 STREET ADDRESS

 CITY STATE ZIP CODE

SUBJECT: Verification of Information Supplied by an Applicant for Housing Assistance

TWELVE (12) MONTH PERIOD TO BE COVERED IN THIS VERIFICATION IS: _____ TO _____

Name: _____ S.S. # _____

Address _____ Date of birth ____/____/____

City _____ State _____ Zip _____ Claim # _____

This person has applied for housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD). HUD requires the housing owner to verify all information that is used in determining this person's eligibility or level of benefits. We ask your cooperation in providing the following information and returning it to the person listed at the top of the page. Your prompt return of this information will help to ensure timely processing of the application for assistance. Enclosed is a self addressed stamped envelope for this purpose. The applicant/tenant has consented to this release of information as shown below.

AREA BELOW TO BE COMPLETED BY THE DEPARTMENT OF SOCIAL SERVICES OFFICE ONLY						
PUBLIC ASSISTANCE DATA	CHECK EACH APPROPRIATE BOX AND SHOW AMOUNT OF EACH BENEFIT					
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">NUMBER IN FAMILY:</td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="text-align: center;">DATE OF INITIAL ASSISTANCE</td></tr> <tr><td style="height: 20px;"> </td></tr> </table>	NUMBER IN FAMILY:		DATE OF INITIAL ASSISTANCE		Aid to Families with Dependent Children	\$
	NUMBER IN FAMILY:					
	DATE OF INITIAL ASSISTANCE					
	General Assistance	\$				
	Amount Specifically Designated for Shelter and Utilities	\$				
CAPI	\$					
Other Assistance - Type ?	\$					
TOTAL MONTHLY GRANT		\$				
Other Income: Source ?	\$					
MAXIMUM ALLOWANCE FOR RENT AND UTILITIES	\$					
Amount of Public Assistance given during the past 12 months	\$					
TERMINATION DATE	IF BENEFITS HAVE BEEN DENIED OR TERMINATED - EXPLAIN HERE					
NAME & TITLE OF PERSON SUPPLYING THE INFORMATION		FIRM/ORGANIZATION				
SIGNATURE	DATE	PHONE NUMBER ()				

YOU DO NOT HAVE TO SIGN THIS FORM IF EITHER THE REQUESTING ORGANIZATION OR THE ORGANIZATION SUPPLYING THE INFORMATION IS LEFT BLANK.

RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances that would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

SIGNATURE _____ DATE _____

THERE ARE PENALTIES FOR MISUSING THIS CONSENT FORM (SEE REVERSE)



Penalties For Misusing This Consent

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TELACU RESIDENTIAL MANAGEMENT
 Subsidiary of
 TELACU

A # _____ APT # _____

SOCIAL SECURITY VERIFICATION

RESPONSE DUE BY _____

FROM: _____

FACILITY MANAGER

TO: _____

NAME

STREET ADDRESS

CITY STATE ZIP CODE

PLEASE COMPLETE AND RETURN TO
 Casa de Rosas
 c/o TELACU Property Management, Inc.
 1248 Goodrich Blvd., Los Angeles CA 90022
 Email - TRMClerk@TELACU.com
 F 323.838.0602

FACILITY STAMP

SUBJECT: Verification of Information Supplied by an Applicant for Housing Assistance

TWELVE (12) MONTH PERIOD TO BE COVERED IN THIS VERIFICATION IS: _____ **TO** _____

Name: _____

S.S. # _____

Address _____

Date of birth ____/____/____

City _____ **State** _____ **Zip** _____

This person has applied for housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD). HUD requires the housing owner to verify all information that is used in determining this person's eligibility or level of benefits. We ask your cooperation in providing the following information and returning it to the person listed at the top of the page. Your prompt return of this information will help to ensure timely processing of the application for assistance. Enclosed is a self addressed stamped envelope for this purpose. The applicant/tenant has consented to this release of information as shown below.

INFORMATION BEING REQUESTED

- | | | |
|----|---|---|
| 1) | GROSS MONTHLY SOCIAL SECURITY BENEFIT | \$ _____ |
| | GROSS MONTHLY SUPPLEMENTAL SECURITY INCOME BENEFIT | \$ _____ |
| 2) | Check type of benefits | Supplemental Security Income Including State Supplement |
| | <input type="checkbox"/> Social Security Retirement | <input type="checkbox"/> Old Age |
| | <input type="checkbox"/> Disability | <input type="checkbox"/> Disability |
| | <input type="checkbox"/> Widow(er) | <input type="checkbox"/> Blind |
| | <input type="checkbox"/> Child(ren) | |
| 3) | Recipients date of birth | _____ |
| 4) | Medical insurance premiums deducted from recipients gross monthly benefit | _____ |
| 5) | TERMINATION DATE | _____ |
| 6) | IF BENEFITS HAVE BEEN DENIED OR TERMINATED - EXPLAIN HERE | |

NAME & TITLE OF PERSON SUPPLYING THE INFORMATION		FIRM/ORGANIZATION	
SIGNATURE		DATE	PHONE NUMBER ()

YOU DO NOT HAVE TO SIGN THIS FORM IF EITHER THE REQUESTING ORGANIZATION OR THE ORGANIZATION SUPPLYING THE INFORMATION IS LEFT BLANK.

RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances that would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

SIGNATURE

DATE



THERE ARE PENALTIES FOR MISUSING THIS CONSENT FORM (SEE REVERSE)



Penalties For Misusing This Consent

"Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at **208 (a) (6), (7) and (8).** Violation of these provisions are cited as violations of 42 U.S.C. Section **408 (a) (6), (7) and (8).**"

I WILL NEED THE NAME AND ADDRESS OF
MEDICAL PROFESIONAL THAT CAN VERIFY
YOUR DISABILITY AND/OR ACCESSIBLE UNIT
NEED IF APPLICABLE PLEASE PROVIDE THIS
INFORMATION ON A SEPARATE PICE OF
PAPER OR ATTACH BUSINESS CARD



TELACU RESIDENTIAL MANAGEMENT
 Subsidiary of
 TELACU

A # _____ APT # _____

VERIFICATION OF ACCESSIBLE UNIT NEED

RESPONSE DUE BY _____

FROM: _____
 FACILITY MANAGER

PLEASE COMPLETE AND RETURN TO
 Casa de Rosas
 c/o TELACU Property Management, Inc.
 1248 Goodrich Blvd., Los Angeles CA 90022
 Email - TRMClerk@TELACU.com
 F 323.838.0602
 FACILITY STAMP

TO: _____
 NAME

 STREET ADDRESS

 CITY STATE ZIP CODE

SUBJECT: Verification of Information Supplied by an Applicant for Housing Assistance

Name _____

S.S. # _____

Address _____

Date of birth ____/____/____

City _____ State _____ Zip _____

This person has applied for housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD). HUD requires the housing owner to verify all information that is used in determining this person's eligibility or level of benefits.

We ask your cooperation in providing the following information and returning it to the person listed at the top of the page. Your prompt return of this information will help to ensure timely processing of the application for assistance. Enclosed is a self-addressed, stamped envelope for this purpose. The applicant/tenant has consented to this release of information as shown below.

AREA BELOW TO BE COMPLETED BY PHYSICIAN ONLY
CERTIFICATION OF NEED FOR ACCESSIBLE UNIT

The U.S. Department of Housing and Urban Development, a federal agency, definition of a disabled states any adult having a physical impairment that is expected to be of long-term and indefinite duration. Please indicate which criteria the tenant/applicant meets:

MOBILITY IMPAIRED
 HEARING IMPAIRED
 VISUAL IMPAIRED

THERE ARE PENALTIES FOR MISUSING THIS CONSENT FORM (SEE REVERSE)

NAME & TITLE OF PERSON SUPPLYING THE INFORMATION	FIRM/ORGANIZATION	
SIGNATURE	DATE	PHONE NUMBER ()

YOU DO NOT HAVE TO SIGN THIS FORM IF EITHER THE REQUESTING ORGANIZATION OR THE ORGANIZATION SUPPLYING THE INFORMATION IS LEFT BLANK.

RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances that would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

SIGNATURE _____

DATE _____



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TELACU RESIDENTIAL MANAGEMENT
Subsidiary of
TELACU

A # _____ APT # _____

RECURRING GIFT VERIFICATION

RESPONSE DUE BY _____

TO: _____
NAME

STREET ADDRESS

CITY STATE ZIP CODE

FROM: _____
FACILITY MANAGER

PLEASE COMPLETE AND RETURN TO
Casa de Rosas
c/o TELACU Property Management, Inc.
1248 Goodrich Blvd., Los Angeles CA 90022
Email - TRMClerk@TELACU.com
F 323.838.0602
FACILITY STAMP

SUBJECT: Verification of Information Supplied by an Applicant for Housing Assistance

Name: _____

S.S. # _____

Address _____

Date of birth ____/____/____

City _____ State _____ Zip _____

This person has applied for housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD). HUD requires the housing owner to verify all information that is used in determining this person's eligibility or level of benefits. We ask your cooperation in providing the following information and returning it to the person listed at the top of the page. Your prompt return of this information will help to ensure timely processing of the application for assistance. Enclosed is a self addressed stamped envelope for this purpose. The applicant/tenant has consented to this release of information as shown below.

INFORMATION BEING REQUESTED

1) Name of person providing support _____
Relationship _____

2) Name of person receiving support _____

3) Gross amount of support: Monthly Weekly Bi-Weekly Semi-Monthly Yearly

Purpose:

4) Total anticipated support during the next 12 months \$ _____

5) Are there any expected changes in the next 12 months? Yes No
If Yes, indicate date of change ____/____/____

Anticipated monthly gross amount \$ _____

NAME & TITLE OF PERSON SUPPLYING THE INFORMATION		FIRM/ORGANIZATION
SIGNATURE	DATE	PHONE NUMBER ()

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SIGNATURE _____

DATE _____



THERE ARE PENALTIES FOR MISUSING THIS CONSENT FORM (SEE REVERSE)



Penalties For Misusing This Consent

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Credit Inquiry Services

Housing Verification of Assets Request Form

This form should only be used by authorized Assisted Housing Authorities to obtain a verification of assets on a Bank of American customer to determine eligibility for low income government assisted housing.

All fields and customer's authorization are required for response. Fax this single form with an additional attachment to 415.343.9306

- Requestor will receive a faxed response within approximately 2 days.

Bank of America Customer's Information <i>(please print)</i>		
Social Security Number		
Name on Account		
Address on Account:		
City	State	Zip
Please check account type		Account Number
<input type="checkbox"/> Reg. Checking <input type="checkbox"/> Interest Checking <input type="checkbox"/> Savings <input type="checkbox"/> CD <input type="checkbox"/> IRA <input type="checkbox"/> Other		
<input type="checkbox"/> Reg. Checking <input type="checkbox"/> Interest Checking <input type="checkbox"/> Savings <input type="checkbox"/> CD <input type="checkbox"/> IRA <input type="checkbox"/> Other		
<input type="checkbox"/> Reg. Checking <input type="checkbox"/> Interest Checking <input type="checkbox"/> Savings <input type="checkbox"/> CD <input type="checkbox"/> IRA <input type="checkbox"/> Other		

I authorize Bank of America to release the balance, average balance, interest rate if applicable and opening date on the account(s) listed above to the requestor for the purpose of determining my eligibility for assisted housing. I understand that if the information I have provided herein is not accurate or complete that my account relationship may be reported.

(Signature of account holder) Date: _____

Requesting Housing Agency Information *(please print)*

All fields below are required for response

Housing Agency:	Casa De Rosas		
Phone#	(323) 838-8556	FAX #	(323) 838.0602

Credit Inquiry Services
Phone 803.765.4882



**AUTHORIZATION TO FURNISH AND
RELEASE INFORMATION**

Chase Account Number: _____
Date: _____
Customer Name(s): _____
Property Address: _____

I/We, _____(customer name[s]), currently residing
at _____ (current address), County of _____, State of
_____, hereby authorize JPMorgan Chase Bank, N.A. (“Chase”) to release, furnish, and provide
information related to my/our account number _____ (loan number) to:

(“Third Party”) (Include the name, address, and telephone number of the Third Party).

Please complete if applicable: If the Third Party listed above is a counseling organization, corporation, law firm, or entity other than a natural person, you may provide the name(s) of the specific individual(s) working for the Third Party to whom Chase is authorized to release information. If no individuals are specified below, and your authorization is not otherwise restricted, your authorization will be applied to your entire file and the entire entity.

I/We authorize Chase to provide my/our information to the following individual(s) at the Third Party:

Chase will take reasonable steps to authenticate the identity of the Third Party authorized above; however, we will not have any liability if we decline to release your account information because we are unable to authenticate the true identity of the authorized requestor seeking account information.

This authorization will remain valid until revoked. To revoke your authorization, please write or call us using the contact information below.

I/We hereby indemnify and forever hold Chase harmless from any and all actions and causes of actions, suits, claims, attorney’s fees, or demands against Chase, which I/we and/or my/our heirs may have resulting from Chase discussing, or declining to discuss, my/our account with the above-named requestor or person identifying himself/herself to be that requestor, or resulting from providing, or declining to provide, any documents or other information concerning the account to the requestor.

Signed by:

(Signature)

(Date)

(Printed Name)

Signed by:

(Signature)

(Date)

(Printed Name)

Please return this completed form to:

Regular mail: Chase
Mail Code OH4-7302
P.O. Box 24696
Columbus, OH 43224-0696

Overnight mail: Chase
Attn: Third Party Authorization Research
710 South Ash Street, Suite 200
Glendale, CO 80246-1989

Fax: 1-614-422-7575 (Free of charge from any Chase branch)

If you have questions on the form, please call us at 1-800-848-9136 (1-800-582-0542 TTY).

CR46236-BE
FM101



TELACU RESIDENTIAL MANAGEMENT, INC.
 TELACU PROPERTY MANAGEMENT, INC.
 Subsidiary of
 TELACU

- 1st Request
- 2nd Request

A # _____ APT # _____

EMPLOYMENT VERIFICATION

RESPONSE DUE BY _____

TO: _____
 NAME

 STREET ADDRESS

 CITY STATE ZIP CODE

FROM: _____

FACILITY MANAGER
 PLEASE COMPLETE AND RETURN TO
 Casa de Rosas
 c/o TELACU Property Management, Inc.
 1248 Goodrich Blvd., Los Angeles CA 90022
 Email - TRMClerk@TELACU.com
 F 323.838.0602
 FACILITY STAMP

SUBJECT: Verification of Information Supplied by an Applicant for Housing Assistance

TWELVE (12) MONTH PERIOD TO BE COVERED IN THIS VERIFICATION IS: _____ **TO** _____

Name _____ SS# _____

Address _____ City _____ State _____ Zip _____

This person has applied for housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD). HUD requires the housing owner to verify all information that is used in determining this person's eligibility or level of benefits. We ask your cooperation in providing the following information and returning it to the person listed at the top of the page. Your prompt return of this information will help to ensure timely processing of the application for assistance. Enclosed is a self-addressed, stamped envelope for this purpose. The applicant /tenant has consented to this release of information as shown below.

AREA BELOW TO BE COMPLETED BY EMPLOYER ONLY Please use GROSS amounts and do not leave any sections blank; enter zero "0" or "N/A."		
Job Title _____		
Presently Employed <input type="checkbox"/> Yes Date First Employed _____ <input type="checkbox"/> No Last Date of Employment _____		
Current Gross Wages/Salary: \$ _____ (check one below) Average # of regular hours per week: _____		
<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other: _____		
Year-to-date gross earnings: \$ _____ from _____ through _____ # of Pay Periods included in YTD _____ <small>(mm-dd-yy) (mm-dd-yy)</small>		
Overtime Rate: \$ _____ Average # of overtime hours per week: _____		
Shift Differential Rate: \$ _____ Average # of overtime hours per week: _____		
Commissions, bonuses, tips, other: \$ _____ (check one below) Included in Y-T-D figure above? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other: _____		
List any anticipated increase in the employee's rate of pay within the next 12 months: _____ Effective Date: _____		
Does the employee participate in a Retirement account? <input type="checkbox"/> Yes <input type="checkbox"/> No Can employee access the account? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you offer employees a small amount of term life insurance coverage for free? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If the employee work is seasonal or sporadic, please indicate the layoff period(s): _____		
Additional Remarks _____		
NAME & TITLE OF PERSON SUPPLYING THE INFORMATION	FIRM/ORGANIZATION	
SIGNATURE	DATE	PHONE NUMBER ()

YOU DO NOT HAVE TO SIGN THIS FORM IF EITHER THE REQUESTING ORGANIZATION OR THE ORGANIZATION SUPPLYING THE INFORMATION IS LEFT BLANK.

RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances that would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

SIGNATURE _____

DATE _____



THERE ARE PENALTIES FOR MISUSING THIS CONSENT FORM (SEE REVERSE)



CERTIFICATION OF ZERO INCOME

(To be completed by adult household members who are claiming zero income from any source, if appropriate.)

Household Name: _____ Unit No. _____

Development Name: Casa de Rosas Campus City: Los Angeles

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, Shaklee, etc.);
 - j. Any other source not named above.

2. Choose one:
 - Currently, I have no income of any kind and while I am seeking employment, there is no definite job offer at this time.
 - Currently, I have no income of any kind and I will not be seeking employment at this time.

3. I will be using the following sources of funds to pay for rent and other necessities: _____

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.

Signature of Applicant/Tenant

Printed Name of Applicant/Tenant

Date



TELACU PROPERTY MANAGEMENT, INC.
Subsidiary of
TELACU

L # _____ A # _____ APT # _____

DISABILITY VERIFICATION

RESPONSE DUE BY _____

FROM: _____
FACILITY MANAGER

TO: _____
NAME _____
STREET ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____

PLEASE COMPLETE AND RETURN TO
Casa de Rosas
c/o TELACU Property Management, Inc.
1248 Goodrich Blvd., Los Angeles CA 90022
Email - TRMClerk@TELACU.com
F 323.838.0602
FACILITY STAMP

SUBJECT: Verification of Information Supplied by an Applicant/Tenant for Housing Assistance

Name _____ S.S. # _____
Address _____ Date of birth ____/____/____
City _____ State _____ Zip _____

This person has applied for housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD). HUD requires the housing owner to verify all information that is used in determining this person's eligibility or level of benefits. We ask your cooperation in providing the following information and returning it to the person listed at the top of the page. Your prompt return of this information will help to assure timely processing of the application for assistance. Enclosed is a self-addressed stamped envelope for this purpose. The applicant/tenant has consented to this release of information as shown below

AREA BELOW TO BE COMPLETED BY THIRD-PARTY PROVIDER

For each numbered item below, mark an "X" in the applicable box that accurately describes the person listed above

- 1 Yes _____ No _____ Has HIV/AIDS
- 2 Yes _____ No _____ Has a physical, mental, or emotional impairment that is expected to be of long-continued and indefinite duration, substantially impedes his or her ability to live independently, and is of a nature that such ability could be improved by more suitable housing conditions
- 3 Yes _____ No _____ Is a person with a developmental disability, as defined in Section 102(7) of the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. 6001(8)), i.e., a person with a severe chronic disability that:
 - a. Is attributable to a mental or physical impairment or combination of mental and physical impairments;
 - b. Is manifested before the person attains age 22;
 - c. Is likely to continue indefinitely;
 - d. Results in substantial functional limitation in three or more of the following areas of major life activity;
 - (1) Self-care,
 - (2) Receptive and expressive language,
 - (3) Learning,
 - (4) Mobility,
 - (5) Self-direction,
 - (6) Capacity for independent living, and
 - (7) Economic self-sufficiency; and
 - e. Reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are of lifelong or extended duration and are individually planned and coordinated.
- 4 Yes _____ No _____ Is a person with a chronic mental illness, i.e., he or she has a severe and persistent mental or emotional impairment that seriously limits his or her ability to live independently, and whose impairment could be improved by more suitable housing conditions.
- 5 Yes _____ No _____ Is a person whose sole impairment is alcoholism or drug addiction.

NAME & TITLE OF PERSON SUPPLYING THE INFORMATION	FIRM/ORGANIZATION	
SIGNATURE	DATE	PHONE NUMBER ()

YOU DO NOT HAVE TO SIGN THIS FORM IF EITHER THE REQUESTING ORGANIZATION OR THE ORGANIZATION SUPPLYING THE FORM IS LEFT BLANK.

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SIGNATURE _____

DATE _____



THERE ARE PENALTIES FOR MISUSING THIS CONSENT FORM (SEE REVERSE)

