



Please complete all pages- if you do not have a source of income or asset, please mark no. If something does not apply, please write 'N/A'. If you make a mistake, please cross out the information with one line and initial next to the correction.

1. Copy of a Government Issued- Photo ID

Required Document Checklist:

- 1. **Move-in Application** _____
Filled out in its entirety- answer every question.
- 2. **Demographic Reporting** _____
- 3. **3rd Party Income Verification** _____
(or 6 most current paystubs, Current award letter for TANF, Social Security, Disability)
- 4. **Release of Information** _____
All Household Members 18+ will need to sign this.

Conditional Documents Instructions:

- 1. **Unemployed Affidavit-** _____
Each Adult, 18 and older. Only enter information that can be verified- if N/A Select unemployed
- 2. **Zero-Income Affidavit-** _____
Only fill this out if Annual Household income of \$1800 or less
- 3. **Verification of Household Assistance-** _____
Only if someone outside of your household pays any of your monthly expenses
- 4. **Child Support Affidavit-** _____
If both biological Parents are not in household this form is required
- 5. **Verification of Student Status, Tuition and Financial Aid** _____
If any Household member is a F/T student (non K-12) more than 5 months out of the year.
- 6. **3rd Party Asset Verification- only if combined assets are over \$5k** _____
- 7. **PHA Statement of Income and Assistance (VOUCHER HOLDERS ONLY)** _____
Completed Applications can be emailed to: salidaridge@blpmc.com or faxed to: 719-890-3917





move-in application

Head of Household Name		
Head of Household Address		
City	State	Zip Code
Phone Number	Email	

The information on this form is needed to certify your household. Please complete this **entire** form and **leave no blanks**. If there are any questions that you do not understand, please call the apartment manager. Thank you for your cooperation.

part 1 household composition

hh mbr	full name	relationship to head of household (hoh)	date of birth	social security number
1		HoH		
2				
3				
4				
5				
6				

Do you expect any additions to the household within the next 12 months? (check one) If yes, please explain: Yes No

part 2 current/previous residency

current address [provide previous address(es) if less than two years]	dates of residency	rent or own?	monthly payment	landlord/mortgage co. name
	from: to:			
	from: to:			
	from: to:			
	from: to:			

part 3 household income

does your household have income, assistance, or benefits from the sources listed below?		monthly income/ assistance amount	hh mbr #
<input type="checkbox"/> Yes <input type="checkbox"/> No	Self employment (<i>list nature of self employment</i>)	(<i>use net income from business</i>) \$	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Employment with a third-party receiving wages, salary, overtime pay, commissions, fees, tips, bonuses, and/or other compensation. <i>If yes, list the information in Part 4 below.</i>		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Unemployment benefits	\$	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Veteran's Administration, GI Bill, or National Guard/military benefits/income	\$	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Educational assistance (for full and part time students) in the forms of grants, scholarships, or fellowships (<i>exclude student loan awards which must be repaid</i>)	\$	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Retirement benefits from Social Security	\$	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Supplemental Security Income (SSI) or Social Security Disability Income (SSDI)	\$	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Unearned income from family members age 17 or under (example: Social Security, trust fund disbursements, etc.)	\$	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Disability or death benefits other than Social Security	\$	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Public housing assistance/Rental assistance/Section 8 voucher. Housing authority providing the assistance:	\$	
<input type="checkbox"/> Yes <input type="checkbox"/> No	I/we receive public assistance income (example: TANF)	\$	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Child support payments. If yes, for how many children do you receive support?	\$	
<input type="checkbox"/> Yes <input type="checkbox"/> No	I am entitled to receive child support payments and am currently making efforts to collect child support owed to us. Describe efforts being made to collect child support:	Anticipated Amount: \$	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Alimony/spousal support payments	\$	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Periodic payments from trusts, annuities, inheritance, retirement funds or pensions, insurance policies or lottery winnings. If yes, list sources: 1. 2.	\$ \$	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Income from real or personal property	(<i>use net earned income</i>) \$	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do your family, friends, or any other person or organization outside of your household help you meet needs by giving you cash assistance? If yes, who provides the cash assistance? _____ What is the average cash amount you receive? _____	How often do you receive the cash assistance? <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other: _____	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do your family, friends, or any other person or organization outside of your household help you pay a bill or expense, such as for utilities, car, gas, insurance, bus pass, telephone, cable/internet, diapers, etc.? If yes, who helps you pay the bills or expenses? _____ What is the average amount of assistance you receive? \$ _____	How often do they pay the bills or expense? <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other: _____	

part 4 current employment information *(please attach a separate form for additional employment, if needed)*

Resident Name				Occupation/Title		
Employer Name				Contact Person		
Employer Address						
City				State	Zip Code	
Date Hired	Salary/Rate of Pay \$	<input type="checkbox"/> 2x a month <input type="checkbox"/> Monthly <input type="checkbox"/> Hourly	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Annually	# Hours Worked Per Week	Work Phone	Work Fax

Resident Name				Occupation/Title		
Employer Name				Contact Person		
Employer Address						
City				State	Zip Code	
Date Hired	Salary/Rate of Pay \$	<input type="checkbox"/> 2x a month <input type="checkbox"/> Monthly <input type="checkbox"/> Hourly	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Annually	# Hours Worked Per Week	Work Phone	Work Fax

Resident Name				Occupation/Title		
Employer Name				Contact Person		
Employer Address						
City				State	Zip Code	
Date Hired	Salary/Rate of Pay \$	<input type="checkbox"/> 2x a month <input type="checkbox"/> Monthly <input type="checkbox"/> Hourly	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Annually	# Hours Worked Per Week	Work Phone	Work Fax

part 5 previous employment information *(not required for retired persons)*

Resident Name				Occupation/Title		
Employer Name				Contact Person		
Employer Address						
City			State		Zip Code	
Date Hired	Ending Salary/Rate of Pay \$	<input type="checkbox"/> 2x a month <input type="checkbox"/> Monthly <input type="checkbox"/> Hourly	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Annually	Term. Date	Work Phone	Work Fax

Resident Name			Occupation/Title			
Employer Name			Contact Person			
Employer Address						
City			State		Zip Code	
Date Hired	Ending Salary/ Rate of Pay \$	<input type="checkbox"/> 2x a month <input type="checkbox"/> Monthly <input type="checkbox"/> Hourly	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Annually	Term. Date	Work Phone	Work Fax

part 6 student status certification

Students include individuals attending public or private elementary schools, middle or junior high schools, senior high schools, colleges, universities, technical, trade or mechanical schools. Students do not include individuals participating in on-the-job training or correspondence courses.

please choose **one** option below that best describes your **household**

<input type="checkbox"/>	The household contains at least one occupant who is not a student and has not been and will not be a student for five months or more out of the current and/or upcoming calendar year (months need not be consecutive).
	List non-student here: _____
<input type="checkbox"/>	The household contains all students , but is qualified because at least one occupant is a part time student. Verification of part time student status is required.
	List part time student here: _____
<input type="checkbox"/>	The household contains all students who were, are, or will be full time for five months or more out of the current and/or upcoming calendar year (months need not be consecutive). If yes, you must answer all five questions below.

	yes	no
Are the students married and entitled to file a joint tax return? (attach an affidavit or tax return)f	<input type="checkbox"/>	<input type="checkbox"/>
Is at least one student a single parent with child(ren), and this parent is not a dependent of someone else, and the child(ren) is/are not dependent(s) of someone other than the parent(s)?	<input type="checkbox"/>	<input type="checkbox"/>
Is at least one student receiving Temporary Assistance to Needy Families (TANF)?	<input type="checkbox"/>	<input type="checkbox"/>
Does at least one student participate in a program receiving assistance under the Job Training Partnership Act, Workforce Investment Act, or under other similar federal, state, or local laws? (attach verification of participation)	<input type="checkbox"/>	<input type="checkbox"/>
Does the household consist of at least one student who was previously under foster care? (provide verification of participation)	<input type="checkbox"/>	<input type="checkbox"/>

part 7 household asset information

do you have assets as listed below?		hh mbr #	account #(s)	interest rate	cash value
<input type="checkbox"/> Yes <input type="checkbox"/> No	Checking account(s). If yes, list bank(s).			%	\$
	1.			%	\$
	2.			%	\$

do you have assets as listed below?		hh mbr #	account #(s)	interest rate	cash value
<input type="checkbox"/> Yes <input type="checkbox"/> No	Savings account(s). If yes, list bank(s). 1. 2.			% %	\$ \$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Trust(s). If yes, please indicate which type (revocable or non-revocable), bank, and/or trustee's name. 1. 2.			% %	\$ \$
<input type="checkbox"/> Yes <input type="checkbox"/> No	I/we own real estate (or hold a mortgage or Deed of Trust). If yes, provide description.				\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Personal property that is being held as an investment. If yes, describe:			%	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Stocks, bonds, or Treasury bills. If yes, list sources/bank name(s). 1. 2.			% %	\$ \$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Certificate(s) of Deposit (CD) or Money Market account(s). If yes, list source(s)/bank name(s). 1. 2.			% %	\$ \$
<input type="checkbox"/> Yes <input type="checkbox"/> No	IRA/Lump Sum Pension/Keogh Account/401k. If yes, list bank(s). 1. 2.			% %	\$ \$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Benefit Cards (Direct Express Debit, TANF, and/or unemployment benefits)				\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	I/we have a life insurance policy (exclude term policies). If yes, list company. 1. 2.			% %	\$ \$
<input type="checkbox"/> Yes <input type="checkbox"/> No	I/we have cash on hand or cash in a safe deposit box.			%	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	I/we have disposed of assets (i.e., gave away money/assets) for less than the fair market value in the past two years. If yes, list items and date disposed.				\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	I/we have income from assets or sources other than those listed above (i.e. electronic accounts: Venmo, PayPal, Bitcoin, GoFundMe, etc.). If yes, list type below.			%	\$



supplementary demographic information

Colorado Housing and Finance Authority (CHFA) 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 CHFA 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 below.

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

Please initial:

HH #: _____ #1 _____ #2 _____ #3 _____ #4 _____ #5 _____ #6 _____ #7 _____

enter both ethnicity and race codes for each household member (see below for codes)

hh mbr #	last name	first name	mi	race code	ethnicity code	disability code
1						
2						
3						
4						
5						
6						
7						

race code	
1	African American/Black
2	American Indian/Alaskan Native
3	Asian
4	Asian Indian
5	Asian Other
6	Chinese
7	Filipino
8	Guamanian/Chamarro
9	Japanese
10	Korean
11	Native Hawaiian
12	Native Hawaiian/Pacific Islander
13	Pacific Islander Other
14	Samoaan
15	Vietnamese
16	White
17	Other
18	Refused
19	Missing
20	Tenant declined to respond

ethnicity codes	
1	N/A
2	Hispanic
3	Non-Hispanic
4	Hispanic or Latino
5	Not Hispanic or Latino
6	Tenant declined to respond
7	Missing

disability codes	
1	Yes
2	No
3	Tenant declined to respond
4	Missing

If forms are completed electronically, one of the following boxes must be checked:

- This form was completed electronically by the resident.
- Management or someone outside of household assisted completing the form electronically (Authorization to Assist is attached).

signatures

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.

Print Name of Applicant	Signature	Date
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Print Name of Applicant	Signature	Date
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Print Name of Other Applicant	Signature	Date
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Print Name of Other Applicant	Signature	Date
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Reviewed by (Signature of Owner/Representative)	Date
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All household members ages 18 or over must sign and date.

RESIDENT RELEASE AND CONSENT

I/We, the undersigned, hereby authorize all persons or companies in the categories listed below to release information regarding employment, income, and/or assets for purposes of verifying information on my/our apartment rental application. I/We authorize release of information without liability to the owner/manager of the apartment community and release all parties from liability for any damage that may result from furnishing such information to Landlord.

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to, credit/consumer report and history, criminal report and history, personal identity, employment, income, assets, and past/present rental history. I/We understand this authorization cannot be used to obtain information about me/us that is not pertinent to my eligibility as a qualified tenant.

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

Resident Printed Name	Signature	Date	Last 4 of SSN
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Resident Printed Name	Signature	Date	Last 4 of SSN
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Resident Printed Name	Signature	Date	Last 4 of SSN
-----------------------	-----------	------	---------------

Resident Printed Name	Signature	Date	Last 4 of SSN
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Owner/Representative Printed Name	Signature	Date
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unemployed resident affidavit

Resident Name	Unit Number
---------------	-------------

I certify that I am currently unemployed. My status for the upcoming 12-month period is *(please choose one of the following)*:

- I anticipate becoming employed within the next 12 months. Based on my past work experience, skills, and income history as reflected in my federal income tax return for the most recent tax year (copy must be attached) or other relevant documentation (must be attached), I expect to earn \$ _____ per year when I become employed.
- I anticipate becoming employed within the next 12 months. I do not have a history of employment, but I expect to earn \$ _____ per year when I become employed.
- I do not anticipate becoming employed within the next twelve months.

By my signature, I certify the above information is true and correct.

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

Applicant/Resident Signature Date



zero-/extremely low-income household questionnaire

You reported that your household has no income or extremely low income. Please explain how you pay for household living expenses and meet basic needs by answering the questions below.

Resident Name	Unit Number
---------------	-------------

Expense	What is the source of the money you use to pay for this expense (work, family, friend, government or community organization)?	What is the average amount you receive?	How often is this received?			
			<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly	<input type="checkbox"/> Other:
Rent		\$	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly	<input type="checkbox"/> Other:
Utilities: electricity/gas/etc.		\$	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly	<input type="checkbox"/> Other:
Telephone/Mobile phone		\$	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly	<input type="checkbox"/> Other:
Transportation (gas, car insurance, bus tokens)		\$	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly	<input type="checkbox"/> Other:
Cable or internet service		\$	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly	<input type="checkbox"/> Other:

If forms are completed electronically, one of the following boxes must be checked:

- This form was completed electronically by the resident.
- Management or someone outside of household assisted with completing the form electronically (Authorization to Assist is attached).

signature(s)

Warning: Section 1001 of Title 18 of the US Code makes it a criminal offense to willfully falsify a material fact or make a false statement in any matter within the jurisdiction of a federal agency.

I certify that the information supplied in this form is true and correct to the best of my knowledge.

Resident Signature

Date

Verification of Household Assistance

I, _____ purchase or pay for the following items on a weekly or monthly basis for _____ Unit # _____.

(Example: toiletries, cleaning supplies, diapers, formula, phone bill, cable bill, car insurance, etc.)

_____	Weekly/Monthly \$ _____
_____	Weekly/Monthly \$ _____
_____	Weekly/Monthly \$ _____
_____	Weekly/Monthly \$ _____
_____	Weekly/Monthly \$ _____
_____	Weekly/Monthly \$ _____
_____	Weekly/Monthly \$ _____
_____	Weekly/Monthly \$ _____

Total Monthly Amount Rcvd \$ _____

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to willfully falsify a material fact or make a false statement in any matter within the jurisdiction of a federal agency.

I certify that the information supplied in this form is true and correct to the best of my knowledge.

(Provider Signature)

(Date)



child support affidavit

I certify that the following is true regarding my current child support situation for: *(a separate form is required for each child)*

Child's Name	Child's Date of Birth
Head of Household Name	Unit Number

if you receive child support, please complete the section below that applies to this child

I receive child support in the amount of \$ _____ per _____ (week/month/year).

If support is received, one of the following must be selected:

My support is court-ordered (**court order must be attached**).

My support is not court-ordered (provide contact information for person who provides support).

Support Provider Name: _____

Support Provider Telephone and/or Email: _____

if you don't receive child support, please complete the section below that applies to this child

I do not receive child support, and it has not been court-ordered:

I will be seeking a court order and/or I expect to receive child support payments within the next 12 months (**must explain below**).

I will not be seeking a court order, nor do I expect to receive child support payments within the next 12 months (**must explain below**).

I do not receive child support, but it has been court ordered (**provide court order, divorce decree, or separation agreement**):

I have made efforts to collect the amount due, such as filing with the agency responsible for enforcing payments

I have not made efforts to collect the amount due because (**must provide a reason**)

Responsible party is deceased

This is a protective custody case

Responsible party's location is unknown

Responsible party is incarcerated

Other (describe): _____

If forms are completed electronically, one of the following boxes must be checked:

This form was completed electronically by the resident.

Management or someone outside of household assisted completing the form electronically (Authorization to Assist is attached).

signature

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/Resident Signature

Date

Applicant/Resident Signature

Date



verification of student status, tuition, and financial aid

Student Name	Unit Number
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To Whom It May Concern: The individual named above has requested residence at our community. This community operates under the Federal Low Income Housing Tax Credit Program and/or CHFA loan program. Because we are monitored by the IRS, we must verify the student status of this person to determine whether they meet the guidelines of the program. We ask your cooperation in verifying the information requested below. We hold this information in strict confidence and it will be used only to determine the eligibility of this individual.

Name of Educational Institution	Phone Number	Email or Fax Number
---------------------------------	--------------	---------------------

student signature

My signature below authorizes the release of my information.

Print Name	Date
------------	------

Signature	Student ID Number
-----------	-------------------

educational institution only

Verifications must be received from third parties directly.

for all students

Student Name	
What is the current status of the student?	<input type="checkbox"/> Full Time <input type="checkbox"/> Three-quarters Time <input type="checkbox"/> Part Time <input type="checkbox"/> Not Enrolled
If full time, from which date(s) to which date(s) is/was this person enrolled as a full-time student? (mm/dd/yyyy to mm/dd/yyyy)	
Expected date of graduation	
The individual was a full-time student as defined by this institution during the previous calendar year, but is not currently, nor are they expected to be a full-time student during any part of the current calendar year.	<input type="checkbox"/> Yes <input type="checkbox"/> No
The individual was not and is not expected to be a full-time student for any part of the previous year, current calendar year, or upcoming calendar year.	<input type="checkbox"/> Yes <input type="checkbox"/> No
The individual is receiving financial aid, grants, or scholarships.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does this student participate in a program receiving assistance under the Workforce Investment and Opportunity Act or under other similar federal, state, or local laws?	<input type="checkbox"/> Yes <input type="checkbox"/> No

for students receiving financial aid, grants, scholarships, etc., complete the following section

Student Name

Please enter the cash amount and check the frequency.

Tuition Amount	\$	<input type="checkbox"/> Per Semester	<input type="checkbox"/> Per Quarter
Please provide a breakdown of financial aid received by this student.			
Grants or Federal/State Aid (Include Colorado Opportunity Fund if any)	\$	<input type="checkbox"/> Per Semester	<input type="checkbox"/> Per Quarter
Scholarships (combined)	\$	<input type="checkbox"/> Per Semester	<input type="checkbox"/> Per Quarter
Federal Loans (combined)	\$	<input type="checkbox"/> Per Semester	<input type="checkbox"/> Per Quarter
Private Loans (combined)	\$	<input type="checkbox"/> Per Semester	<input type="checkbox"/> Per Quarter
Other Source:	\$	<input type="checkbox"/> Per Semester	<input type="checkbox"/> Per Quarter
Other Source:	\$	<input type="checkbox"/> Per Semester	<input type="checkbox"/> Per Quarter
Additional Comments			

educational institution representative signature

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

Printed Name

Signature

Date

Title

Name of Institution

Phone

ASSET VERIFICATION

THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY APPLICANT/TENANT

Financial Institution: _____

Address: _____

The individual/household named below has applied for residency or is currently residing in housing that requires verification of all assets and any income earned from the assets. The information will remain confidential. This Verification is being requested in connection with the undersigned's eligibility for residency in the following community:

Project Name: _____

I certify that this verification has been sent directly to the financial institution and was not hand-carried by the applicant/tenant or any other interested party.

Signature of Owner/Agent Title Date

By my signature, I hereby authorize disclosure of the asset information requested below in order to determine my eligibility to rent as required by Section 42 of the Internal Revenue Code or other Affordable Housing Program.

Applicant/Tenant Signature

Return Form to:

Printed Name of Applicant/Tenant

Date

SSN Last 4 Digits

Fax # _____

THIS SECTION TO BE COMPLETED BY FINANCIAL INSTITUTION

Please provide the information requested below:

<u>Asset Type</u>	<u>Open Date</u>	<u>Account No.</u>	<u>Account Balance *</u>	<u>% Rate</u>	<u>Annual Int. From Asset</u>
_____	____/____/____	_____	\$ _____	_____	_____
_____	____/____/____	_____	\$ _____	_____	_____
_____	____/____/____	_____	\$ _____	_____	_____
_____	____/____/____	_____	\$ _____	_____	_____

*Please provide the **average 6-month** balances for checking accounts and **current** balances for savings accounts listed.

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

Signature: _____ Date: _____

Printed Name: _____ Phone: _____

Title: _____

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

PUBLIC HOUSING AUTHORITY STATEMENT OF INCOME AND ASSISTANCE
For Individuals Receiving Rental Assistance under Section 8 of the United States Housing Act of 1937

Housing Authority: _____

Attn: _____

Address: _____

Fax #: _____

RE: _____
 Applicant/Resident Name

The undersigned has applied for/resides in a rental housing unit located in a development operating under the Low-Income Housing Tax Credit (LIHTC) Program, Section 42 of the Internal Revenue Code. The individual has signed the release below giving you permission to supply the requested information. The information provided will remain confidential. Please return the completed form to the address/fax below.

 Signature of Owner/Agent Title Date

 Owner/Agent's Address Owner/Agent's Fax #

Consent to Release Information: My signature below authorizes verification of my income and assistance information.

 Tenant/Applicant Signature Last 4 SSN Date

PHA: Please complete the information requested below for each HH member.

As part of the certification/recertification process, the undersigned PHA representative has verified the above referenced applicant's/resident's income as determined by the requirements of the Section 8 program, and certifies that the income does not exceed the applicable Section 8 limitations. **Please verify the GROSS amount of income before any deductions, for each household member.**

Household Member w/Income: 1. _____

Source of Income:

Employment or Wages \$ _____ Social Security/Pensions \$ _____

Public Assistance: (TANF/OAP, etc.) _____ \$ _____

Other (please list type): _____ \$ _____
 _____ \$ _____

(i.e. child support, income from assets, reoccurring gifts, etc.)

Household Member w/Income: 2. _____

Source of Income:

Employment or Wages \$ _____ Social Security/Pensions \$ _____

Public Assistance: (TANF/OAP, etc.) _____ \$ _____

Other (please list type): _____ \$ _____
 _____ \$ _____

(i.e. child support, income from assets, reoccurring gifts, etc.)

Household Member w/Income: 3. _____

Source of Income:

Employment or Wages \$ _____ Social Security/Pensions \$ _____

Public Assistance: (TANF/OAP, etc.) _____ \$ _____

Other (please list type): _____ \$ _____

_____ \$ _____

(i.e. child support income from assets, reoccurring gifts, etc.)

Household Member w/Income: 4. _____

Source of Income:

Employment or Wages \$ _____ Social Security/Pensions \$ _____

Public Assistance: (TANF/OAP, etc.) _____ \$ _____

Other (please list type): _____ \$ _____

_____ \$ _____

(i.e. child support income from assets, reoccurring gifts, etc.)

Annual **GROSS** household income: \$ _____ Date verified: _____

Rental assistance payment: \$ _____

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

Name (Please Print)

Title (Please Print)

Signature

Date

Phone Number