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Affirmative Fair Housing Marketing Plan (AFHMP) - Multifamily Housing

**U.S. Department of Housing and Urban Development
Office of Fair Housing and Equal Opportunity**

OMB Approval No. 2529-0013
(exp.1/31/2021)

1a. Project Name & Address (including City, County, State & Zip Code) 	1b. Project Contract Number 	1c. No. of Units
	1d. Census Tract 	
	1e. Housing/Expanded Housing Market Area Housing Market Area: Expanded Housing Market Area:	

1f. Managing Agent Name, Address (including City, County, State & Zip Code), Telephone Number & Email Address

1g. Application/Owner/Developer Name, Address (including City, County, State & Zip Code), Telephone Number & Email Address

1h. Entity Responsible for Marketing (check all that apply)
 Owner Agent Other (specify)
 Position, Name (if known), Address (including City, County, State & Zip Code), Telephone Number & Email Address

1i. To whom should approval and other correspondence concerning this AFHMP be sent? Indicate Name, Address (including City, State & Zip Code), Telephone Number & E-Mail Address.

2a. Affirmative Fair Housing Marketing Plan
 Plan Type Date of the First Approved AFHMP:
 Reason(s) for current update:

2b. HUD-Approved Occupancy of the Project (check all that apply)
 Elderly Family Mixed (Elderly/Disabled) Disabled

2c. Date of Initial Occupancy

2d. Advertising Start Date
 Advertising must begin *at least* 90 days prior to initial or renewed occupancy for new construction and substantial rehabilitation projects.
 Date advertising began or will begin
For existing projects, select below the reason advertising will be used:
 To fill existing unit vacancies
 To place applicants on a waiting list (which currently has individuals)
 To reopen a closed waiting list (which currently has individuals)

3a. Demographics of Project and Housing Market Area

Complete and submit Worksheet 1.

3b. Targeted Marketing Activity

Based on your completed Worksheet 1, indicate which demographic group(s) in the housing market area is/are *least* likely to apply for the housing without special outreach efforts. (check all that apply)

- White American Indian or Alaska Native Asian Black or African American
 Native Hawaiian or Other Pacific Islander Hispanic or Latino Persons with Disabilities
 Families with Children Other ethnic group, religion, etc. (specify)
-

4a. Residency Preference

Is the owner requesting a residency preference? If yes, complete questions 1 through 5. Please Select Yes or No
If no, proceed to Block 4b.

(1) Type Please Select Type

(2) Is the residency preference area:

The same as the AFHMP housing/expanded housing market area as identified in Block 1e? Please Select Yes or No

The same as the residency preference area of the local PHA in whose jurisdiction the project is located? Please Select Yes or No

(3) What is the geographic area for the residency preference?

(4) What is the reason for having a residency preference?

(5) How do you plan to periodically evaluate your residency preference to ensure that it is in accordance with the non-discrimination and equal opportunity requirements in 24 CFR 5.105(a)?

Complete and submit Worksheet 2 when requesting a residency preference (see also 24 CFR 5.655(c)(1)) for residency preference requirements. The requirements in 24 CFR 5.655(c)(1) will be used by HUD as guidelines for evaluating residency preferences consistent with the applicable HUD program requirements. See also HUD Occupancy Handbook (4350.3) Chapter 4, Section 4.6 for additional guidance on preferences.

4b. Proposed Marketing Activities: Community Contacts

Complete and submit Worksheet 3 to describe your use of community contacts to market the project to those least likely to apply.

4c. Proposed Marketing Activities: Methods of Advertising

Complete and submit Worksheet 4 to describe your proposed methods of advertising that will be used to market to those least likely to apply. Attach copies of advertisements, radio and television scripts, Internet advertisements, websites, and brochures, etc.

5a. Fair Housing Poster

The Fair Housing Poster must be prominently displayed in all offices in which sale or rental activity takes place (24 CFR 200.620(e)). Check below all locations where the Poster will be displayed.

Rental Office Real Estate Office Model Unit Other (specify)

5b. Affirmative Fair Housing Marketing Plan

The AFHMP must be available for public inspection at the sales or rental office (24 CFR 200.625). Check below all locations where the AFHMP will be made available.

Rental Office Real Estate Office Model Unit Other (specify)

5c. Project Site Sign

Project Site Signs, if any, must display in a conspicuous position the HUD approved Equal Housing Opportunity logo, slogan, or statement (24 CFR 200.620(f)). Check below all locations where the Project Site Sign will be displayed. Please submit photos of Project signs.

Rental Office Real Estate Office Model Unit Entrance to Project Other (specify)

The size of the Project Site Sign will be x

The Equal Housing Opportunity logo or slogan or statement will be x

6. Evaluation of Marketing Activities

Explain the evaluation process you will use to determine whether your marketing activities have been successful in attracting individuals least likely to apply, how often you will make this determination, and how you will make decisions about future marketing based on the evaluation process.

7a. Marketing Staff

What staff positions are/will be responsible for affirmative marketing?

7b. Staff Training and Assessment: AFHMP

- (1) Has staff been trained on the AFHMP?
- (2) Has staff been instructed in writing and orally on non-discrimination and fair housing policies as required by 24 CFR 200.620(c)?
- (3) If yes, who provides instruction on the AFHMP and Fair Housing Act, and how frequently?

- (4) Do you periodically assess staff skills on the use of the AFHMP and the application of the Fair Housing Act?
- (5) If yes, how and how often?

7c. Tenant Selection Training/Staff

- (1) Has staff been trained on tenant selection in accordance with the project's occupancy policy, including any residency preferences?
- (2) What staff positions are/will be responsible for tenant selection?

7d. Staff Instruction/Training:

Describe AFHM/Fair Housing Act staff training, already provided or to be provided, to whom it was/will be provided, content of training, and the dates of past and anticipated training. Please include copies of any AFHM/Fair Housing staff training materials.

8. Additional Considerations Is there anything else you would like to tell us about your AFHMP to help ensure that your program is marketed to those least likely to apply for housing in your project? Please attach additional sheets, as needed.

9. Review and Update

By signing this form, the applicant/respondent agrees to implement its AFHMP, and to review and update its AFHMP in accordance with the instructions to item 9 of this form in order to ensure continued compliance with HUD's Affirmative Fair Housing Marketing Regulations (see 24 CFR Part 200, Subpart M). I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (See 18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802).

Signature of person submitting this Plan & Date of Submission (mm/dd/yyyy)

Name (type or print)

Title & Name of Company

For HUD-Office of Housing Use Only

Reviewing Official:

For HUD-Office of Fair Housing and Equal Opportunity Use Only

Approval

Disapproval

Signature & Date (mm/dd/yyyy)

Signature & Date (mm/dd/yyyy)

Name
(type
or
print)

Title

Name
(type
or
print)

Title

Public reporting burden for this collection of information is estimated to average six (6) hours per initial response, and four (4) hours for updated plans, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid Office of Management and Budget (OMB) control number.

Purpose of Form: All applicants for participation in FHA subsidized and unsubsidized multifamily housing programs with five or more units (see 24 CFR 200.615) must complete this Affirmative Fair Housing Marketing Plan (AFHMP) form as specified in 24 CFR 200.625, and in accordance with the requirements in 24 CFR 200.620. The purpose of this AFHMP is to help applicants offer equal housing opportunities regardless of race, color, national origin, religion, sex, familial status, or disability. The AFHMP helps owners/agents (respondents) effectively market the availability of housing opportunities to individuals of both minority and non-minority groups that are least likely to apply for occupancy. Affirmative fair housing marketing and planning should be part of all new construction, substantial rehabilitation, and existing project marketing and advertising activities.

An AFHM program, as specified in this Plan, shall be in effect for each multifamily project throughout the life of the mortgage (24 CFR 200.620(a)). The AFHMP, once approved by HUD, must be made available for public inspection at the sales or rental offices of the respondent (24 CFR 200.625) and may not be revised without HUD approval. This form contains no questions of a confidential nature.

Applicability: The form and worksheets must be completed and submitted by all FHA subsidized and unsubsidized multifamily housing program applicants.

INSTRUCTIONS:

Send completed form and worksheets to your local HUD Office, Attention: Director, Office of Housing

Part 1: Applicant/Respondent and Project

Identification. Blocks 1a, 1b, 1c, 1g, 1h, and 1i are self-explanatory.

Block 1d- Respondents may obtain the Census tract number from the U.S. Census Bureau (<http://factfinder2.census.gov/main.html>) when completing Worksheet One.

Block 1e- Respondents should identify both the housing market area and the expanded housing market area for their multifamily housing projects. Use abbreviations if necessary. A **housing market area** is the area from which a multifamily housing project owner/agent may reasonably expect to draw a substantial number of its tenants. This could be a county or Metropolitan Division. The U.S. Census Bureau provides a range of levels to draw from.

An **expanded housing market area** is a larger geographic area, such as a Metropolitan Division or a Metropolitan Statistical Area, which may provide additional demographic diversity in terms of race, color, national origin, religion, sex, familial status, or disability.

Block 1f- The applicant should complete this block only if a Managing Agent (the agent cannot be the applicant) is implementing the AFHMP.

Part 2: Type of AFHMP

Block 2a- Respondents should indicate the status of the AFHMP, i.e., initial or updated, as well as the date of the first approved AFHMP. Respondents should also provide the reason (s) for the current update, whether the update is based on the five-year review or due to significant changes in project or local demographics (See instructions for Part 9).

Block 2b- Respondents should identify all groups HUD has approved for occupancy in the subject project, in accordance with the contract, grant, etc.

Block 2c- Respondents should specify the date the project was/will be first occupied.

Block 2d- For new construction and substantial rehabilitation projects, advertising must begin at least 90 days prior to initial occupancy. In the case of existing projects, respondents should indicate whether the advertising will be used to fill existing vacancies, to place individuals on the project's waiting list, or to re-open a closed waiting list. Please indicate how many people are on the waiting list when advertising begins.

Part 3 Demographics and Marketing Area.

"Least likely to apply" means that there is an identifiable presence of a specific demographic group in the housing market area, but members of that group are not likely to apply for the housing without targeted outreach, including marketing materials in other languages for limited English proficient individuals, and alternative formats for persons with disabilities. Reasons for not applying may include, but are not limited to, insufficient information about housing opportunities, language barriers, or transportation impediments.

Block 3a - Using Worksheet 1, the respondent should indicate the demographic composition of the project's residents, current project applicant data, census tract, housing market area, and expanded housing market area. The applicable housing market area and expanded housing market area should be indicated in Block 1e. Compare groups within rows/across columns on Worksheet 1 to identify any under-represented group(s) relative to the surrounding housing market area and expanded housing market area, i.e., those group(s) "least likely to apply" for the housing without targeted outreach and marketing. If there is a particular group or subgroup with members of a protected class that has an identifiable presence in the housing market area, but is not included in Worksheet 1, please specify under "Other."

Respondents should use the most current demographic data from the U.S. Census or another official source such as a local government planning office. Please indicate the source of your data in Part 8 of this form.

Block 3b - Using the information from the completed Worksheet 1, respondents should identify the demographic group(s) least likely to apply for the housing without special outreach efforts by checking all that apply.

Part 4 - Marketing Program and Residency Preference (if any).

Block 4a - A residency preference is a preference for admission of persons who reside or work in a specified geographic area (see 24 CFR 5.655(c)(1)(ii)). Respondents should indicate whether a residency preference is being utilized, and if so, respondents should specify if it is new, revised, or continuing. If a respondent wishes to utilize a residency preference, it must state the preference area (and provide a map delineating the precise area) and state the reason for having such a preference. The respondent must ensure that the preference is in accordance with the non-discrimination and equal opportunity requirements in 24 CFR 5.105(a) (see 24 CFR 5.655(c)(1)).

Respondents should use Worksheet 2 to show how the percentage of the eligible population living or working in the residency preference area compares to that of residents of the project, project applicant data, census tract, housing market area, and expanded housing market area. The percentages would be the same as shown on completed Worksheet 1.

Block 4b - Using Worksheet 3, respondents should describe their use of community contacts to help market the project to those least likely to apply. This table should include the name of a contact person, his/her address, telephone number, previous experience working with the target population(s), the approximate date contact was/will be initiated, and the specific role the community contact will play in assisting with affirmative fair housing marketing or outreach.

Block 4c - Using Worksheet 4, respondents should describe their proposed method(s) of advertising to market to those least likely to apply. This table should identify each media option, the reason for choosing this media, and the language of the advertisement. Alternative format(s) that will be used to reach persons with disabilities, and logo(s) that will appear on the various materials (as well as their size) should be described.

Please attach a copy of the advertising or marketing material.

Part 5 – Availability of the Fair Housing Poster, AFHMP, and Project Site Sign.

Block 5a - The Fair Housing Poster must be prominently displayed in all offices in which sale or rental activity takes place (24 CFR 200.620(e)). Respondents should indicate all locations where the Fair Housing Poster will be displayed.

Block 5b -The AFHMP must be available for public inspection at the sales or rental office (24 CFR 200.625). Check all of the locations where the AFHMP will be available.

Block 5c -The Project Site Sign must display in a conspicuous position the HUD-approved Equal Housing Opportunity logo, slogan, or statement (24 CFR 200.620(f)). Respondents should indicate where the Project Site Sign will be displayed, as well as the size of the Sign and the size of the logo, slogan, or statement. **Please submit photographs of project site signs.**

Part 6 - Evaluation of Marketing Activities.

Respondents should explain the evaluation process to be used to determine if they have been successful in attracting those individuals identified as least likely to apply. Respondents should also explain how they will make decisions about future marketing activities based on the evaluations.

Part 7- Marketing Staff and Training.

Block 7a - Respondents should identify staff positions that are/will be responsible for affirmative marketing.

Block 7b - Respondents should indicate whether staff has been trained on the AFHMP and Fair Housing Act.

Please indicate who provides the training and how frequently. In addition, respondents should specify whether they periodically assess staff members' skills in using the AFHMP and in applying the Fair Housing Act. They should state how often they assess employee skills and how they conduct the assessment.

Block 7c - Respondents should indicate whether staff has been trained on tenant selection in accordance with the project's occupancy policy, including residency preferences (if any). Respondents should also identify those staff positions that are/will be responsible for tenant selection.

Block 7d - Respondents should include copies of any written materials related to staff training, and identify the dates of past and anticipated training.

Part 8 - Additional Considerations.

Respondents should describe their efforts not previously mentioned that were/are planned to attract those individuals least likely to apply for the subject housing.

Part 9 - Review and Update.

By signing the respondent assumes responsibility for implementing the AFHMP. Respondents must review their AFHMP every five years or when the local Community Development jurisdiction's Consolidated Plan is updated, or when there are significant changes in the demographics of the project or the local housing market area. When reviewing the plan, the respondent should consider the current demographics of the housing market area to determine if there have been demographic changes in the population in terms of race, color, national origin, religion, sex, familial status, or disability. The respondent will then determine if the population least likely to apply for the housing is still the population identified in the AFHMP, whether the advertising and publicity cited in the current AFHMP are still appropriate, or whether advertising sources should be modified or expanded. Even if the demographics of the housing market area have not changed, the respondent should determine if the outreach currently being performed is reaching those it is intended to reach as measured by project occupancy and applicant data. If not, the AFHMP should be updated. The revised AFHMP must be submitted to HUD for approval. HUD may review whether the affirmative marketing is actually being performed in accordance with the AFHMP. If based on their review, respondents determine the AFHMP does not need to be revised, they should maintain a file documenting what was reviewed, what was found as a result of the review, and why no changes were required. HUD may review this documentation.

Notification of Intent to Begin Marketing.

No later than 90 days prior to the initiation of rental marketing activities, the respondent must submit notification of intent to begin marketing. The notification is required by the AFHMP Compliance Regulations (24 CFR 108.15). The Notification is submitted to the Office of Housing in the HUD Office servicing the locality in which the proposed housing will be located. Upon receipt of the Notification of Intent to Begin Marketing from the applicant, the monitoring office will review any previously approved plan and may schedule a pre-occupancy conference. Such conference will be held prior to initiation of sales/rental marketing activities. At this conference, the previously approved AFHMP will be reviewed with the applicant to determine if the plan, and/or its proposed implementation, requires modification prior to initiation of marketing in order to achieve the objectives of the AFHM regulation and the plan.

OMB approval of the AFHMP includes approval of this notification procedure as part of the AFHMP. The burden hours for such notification are included in the total designated for this AFHMP form.

Worksheet 1: Determining Demographic Groups Least Likely to Apply for Housing Opportunities
(See AFHMP, Block 3b)

In the respective columns below, indicate the percentage of demographic groups among the project's residents, current project applicant data, census tract, housing market area, and expanded housing market area (See instructions to Block 1e). If you are a new construction or substantial rehabilitation project and do not have residents or project applicant data, only report information for census tract, housing market area, and expanded market area. The purpose of this information is to identify any under-representation of certain demographic groups in terms of race, color, national origin, religion, sex, familial status, or disability. If there is significant under-representation of any demographic group among project residents or current applicants in relation to the housing/expanded housing market area, then targeted outreach and marketing should be directed towards these individuals least likely to apply. Please indicate under-represented groups in Block 3b of the AFHMP. **Please attach maps showing both the housing market area and the expanded housing market area.**

Demographic Characteristics	Project's Residents	Project's Applicant Data	Census Tract	Housing Market Area	Expanded Housing Market Area
% White					
% Black or African American					
% Hispanic or Latino					
% Asian					
% American Indian or Alaskan Native					
% Native Hawaiian or Pacific Islander					
% Persons with Disabilities					
% Families with Children under the age of 18					
Other (specify)					

Worksheet 2: Establishing a Residency Preference Area (See AFHMP, Block 4a)

Complete this Worksheet if you wish to continue, revise, or add a residency preference, which is a preference for admission of persons who reside or work in a specified geographic area (see 24 CFR 5.655(c)(1)(ii)). If a residency preference is utilized, the preference must be in accordance with the non-discrimination and equal opportunity requirements contained in 24 CFR 5.105(a). This Worksheet will help show how the percentage of the population in the residency preference area compares to the demographics of the project's residents, applicant data, census tract, housing market area, and expanded housing market area. **Please attach a map clearly delineating the residency preference geographical area.**

Demographic Characteristics	Project's Residents (as determined in Worksheet 1)	Project's Applicant Data (as determined in Worksheet 1)	Census Tract (as determined in Worksheet 1)	Housing Market Area (as determined in Worksheet 1)	Expanded Housing Market Area (as determined in Worksheet 1)	Residency Preference Area (if applicable)
% White						
% Black or African American						
% Hispanic or Latino						
% Asian						
% American Indian or Alaskan Native						
% Native Hawaiian or Pacific Islander						
% Persons with Disabilities						
% Families with Children under the age of 18						
Other (specify)						

Worksheet 3: Proposed Marketing Activities –Community Contacts (See AFHMP, Block 4b)

For each targeted marketing population designated as least likely to apply in Block 3b, identify at least one community contact organization you will use to facilitate outreach to the particular population group. This could be a social service agency, religious body, advocacy group, community center, etc. State the names of contact persons, their addresses, their telephone numbers, their previous experience working with the target population, the approximate date contact was/will be initiated, and the specific role they will play in assisting with the affirmative fair housing marketing. Please attach additional pages if necessary.

Targeted Population(s)	Community Contact(s), including required information noted above.

Worksheet 4: Proposed Marketing Activities – Methods of Advertising (See AFHMP, Block 4c)

Complete the following table by identifying your targeted marketing population(s), as indicated in Block 3b, as well as the methods of advertising that will be used to market to that population. For each targeted population, state the means of advertising that you will use as applicable to that group and the reason for choosing this media. In each block, in addition to specifying the media that will be used (e.g., name of newspaper, television station, website, location of bulletin board, etc.) state any language(s) in which the material will be provided, identify any alternative format(s) to be used (e.g. Braille, large print, etc.), and specify the logo(s) (as well as size) that will appear on the various materials. Attach additional pages, if necessary, for further explanation. Please attach a copy of the advertising or marketing material.

Targeted Population(s)→ Methods of Advertising ↓	Targeted Population:	Targeted Population:	Targeted Population:
Newspaper(s)			
Radio Station(s)			
TV Station(s)			
Electronic Media			
Bulletin Boards			
Brochures, Notices, Flyers			
Other (specify)			

ANNUAL STUDENT CERTIFICATION

Effective Date: ____/____/____

Move-In Date: ____/____/____
(MM/DD/YYYY)

This Annual Student Certification is being delivered in connection with the undersigned's application/occupancy in the following apartment:

Head of Household Name: _____

Unit Number: _____

BIN: _____

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

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

- 1. Are the students married and entitled to file a joint tax return? (attach marriage certificate or tax return) Yes No
- 2. Is at least one student a single parent with child(ren) and this parent is not a dependent of another individual and the child(ren) is/are not dependent(s) of someone other than a parent? (attach student's most recent tax return or Certification of Dependent Child(ren)) Yes No
- 3. Is at least one student receiving Temporary Assistance to Needy Families (TANF), formally known as Aid to Families with Dependent Children (AFDC) (provide third party verification) Yes No
- 4. 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) Yes No
- 5. Does the household consist of at least one student who was previously under foster care? (Provide verification of participation) Yes No

*Full-time student households that are income eligible and satisfy one or more of the above conditions are considered eligible. If questions 1-5 are marked **NO**, or verification does not support the exception indicated, the household is considered an ineligible student household.*

Under penalty of perjury, I/we 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 representation herein constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of a Lease agreement.

All household members age 18 or older must sign and date.

Signature

Printed Name

Date

Signature

Printed Name

Date

Signature

Printed Name

Date

ANNUITY VERIFICATION

THIS SECTION TO BE COMPLETED BY TENANT AND EXECUTED BY MANAGEMENT

TO: _____
Name & Address of Financial Institution

Phone Number Fax Number

RE: _____
Applicant/Tenant Name

Social Security Number

Unit # (if assigned)

I hereby authorize release of my annuity information: _____
Signature of Applicant/Tenant Date

The individual named directly above is an applicant/tenant of a housing program that requires verification of income. The information provided will remain confidential and will be used solely for the purpose of determining eligibility for occupancy. Your prompt response is crucial and greatly appreciated.

Signature of Owner's Representative Date

Return Form To:

THIS SECTION TO BE COMPLETED BY FINANCIAL INSTITUTION

Total of Annuity held: Current/Market Value: \$ _____
 Fixed Variable Hybrid Deferred
 Immediate Life Other _____ Cash Value*: \$ _____

Does the applicant/tenant have access to the lump sum amount in the annuity? Yes No

Is the applicant/tenant receiving periodic payments? Yes No If yes, what amount: \$ _____ Frequency: _____

Is annuity earning interest and/or dividends? (This includes reinvested interest/dividends) Yes No

If yes, what amount: _____ %/\$ _____ Frequency: _____

*Cash Value is the current value less the cost to turn the asset into cash.

Additional remarks (please indicate any anticipated changes): _____

Signature Printed Name & Title Date

Financial Institution Name and Address

Phone # Fax # E-mail

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.

BANK VERIFICATION

THIS SECTION TO BE COMPLETED BY TENANT AND EXECUTED BY MANAGEMENT

TO: _____
 Name & Address of Financial Institution

Phone Number

Fax Number

RE: _____
 Applicant/Tenant Name

Applicant/Tenant Name

Social Security Number

Social Security Number

Unit # (if assigned)

I hereby authorize release of my asset information.

 Signature of Applicant/Tenant

 Date

 Signature of Applicant/Tenant

 Date

The individual(s) named directly above is an applicant/tenant of a housing program that requires verification of income. The information provided will remain confidential and will be used solely for the purpose of determining eligibility for occupancy. Your prompt response is crucial and greatly appreciated.

Return Form To:

 Signature of Owner's Representative

 Date

THIS SECTION TO BE COMPLETED BY FINANCIAL INSTITUTION

Checking Account(s)

Account Number(s)	Current Balance	Avg. 6 Month Balance	Date Account Opened	Interest Rate
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Savings Account(s), Certificate of Deposits (CD), Money Market Accounts, etc.

Type of Account	Account Number(s)	Current Balance	Interest Rate	Withdrawal Penalty	Cash Value*
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

*NOTE: CASH VALUE IS THE CURRENT VALUE MINUS ANY PENALTIES FOR EARLY WITHDRAWAL.

 Signature

 Printed Name & Title

 Date

 Financial Institution Name and Address

 Phone #

 Fax #

 E-mail

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.

**CERTIFICATE OF CONTINUING PROGRAM COMPLIANCE
(BONDS)**

The undersigned, being the Authorized Borrower Representative (the "Borrower"), has read and is thoroughly familiar with the provision of the various loan documents associated with the Borrower's participation in the multifamily housing program of the Nebraska Investment Finance Authority (the "Issuer"), including, without limitation, the Regulatory Agreement and

Declaration of Restrictive Covenants, dated as of _____, among the Borrower, the Issuer and _____, as Trustee.

As of the date of this certificate the following percentages of completed residential Dwelling Units in the Project (a) are occupied by Low-Income Tenants (as such term is defined in the Regulatory Agreement) or (b) are currently vacant and being held available for such occupancy and have been so held continuously since the date a Low-Income Tenant vacated such Dwelling Unit, as indicated:

For Compliance Year _____

Occupied by Low-Income Tenants: _____% Number of Units _____

Held vacant for occupancy continuously since last occupied by Low-Income Tenant _____% Number of Units _____

Low-Income Vacant Units: _____% Number of Units _____

Low-Income Tenants who commenced occupancy of Dwelling Units during the preceding year:
Number of Units _____

Occupied by Moderate-Income Tenants: _____% Number of Units _____

Held vacant for occupancy continuously since last occupied by Moderate-Income Tenant _____% Number of Units _____

Moderate-Income Vacant Units: _____% Number of Units _____

Moderate-Income Tenants who commenced occupancy of Dwelling Units during the preceding year: Number of Units _____

Submission of Certification Portal (CP) or equivalent documentation that identifies the following for each Dwelling Unit in the Project: the occupants, the bedroom size, and square footage. It should also indicate which Dwelling Units are occupied by Low-Income Tenants and Moderate-Income Tenants.

The Borrower has completed an annual Income Certification for each Low-Income Tenant and Moderate-Income Tenant as well as supporting documentation.

The undersigned hereby certifies that (i) a review of the activities of the Borrower during such year and of the Borrower's performance under the Loan Agreement has been made under the supervision of the undersigned; (ii) to the best of the knowledge of the undersigned, based on the review described in clause (i) hereof, the Borrower is not in default under any of the terms and provisions of the above documents [or describe the nature of any default in detail and set forth the measures being taken to remedy such default]; and (iii) to the knowledge of the Borrower, no Determination of Taxability (as such term is defined in the Indenture) has occurred [or, if a Determination of Taxability has occurred, set forth all material facts relating thereto].

Ownership Entity: _____

Signature: _____

Printed Name: _____

Title: _____

Date: _____

CERTIFICATION OF DEPENDENT CHILD(REN)

Household Name: _____

Date: _____

Property Name: _____

Unit # (if assigned): _____

I, _____, certify that my child(ren) reside(s) 50% or more in my household, I am not a dependent on another party's tax return and

- | | |
|--------------------------|--|
| _____
(Name of Child) | <input type="checkbox"/> will be claimed as a dependent on either parent's tax return for this taxable year.
<input type="checkbox"/> will <u>not</u> be claimed as a dependent on my tax return but will be claimed on another party's tax return for this taxable year.
<input type="checkbox"/> will not be claimed as a dependent on any tax return for this taxable year. |
| _____
(Name of Child) | <input type="checkbox"/> will be claimed as a dependent on either parent's tax return for this taxable year.
<input type="checkbox"/> will <u>not</u> be claimed as a dependent on my tax return but will be claimed on another party's tax return for this taxable year.
<input type="checkbox"/> will not be claimed as a dependent on any tax return for this taxable year. |
| _____
(Name of Child) | <input type="checkbox"/> will be claimed as a dependent on either parent's tax return for this taxable year.
<input type="checkbox"/> will <u>not</u> be claimed as a dependent on my tax return but will be claimed on another party's tax return for this taxable year.
<input type="checkbox"/> will not be claimed as a dependent on any tax return for this taxable year. |
| _____
(Name of Child) | <input type="checkbox"/> will be claimed as a dependent on either parent's tax return for this taxable year.
<input type="checkbox"/> will <u>not</u> be claimed as a dependent on my tax return but will be claimed on another party's tax return for this taxable year.
<input type="checkbox"/> will not be claimed as a dependent on any tax return for this taxable year. |

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 that providing false representation herein constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of a Lease agreement.

Signature of Applicant/Tenant

Date

CERTIFICATION OF NO CHILD SUPPORT

(This form should only be completed if there is no child support, court ordered or otherwise)

Household Name: _____ Date: _____

Property Name: _____ Unit # (if assigned): _____

Child's Name: _____ Child's Name: _____

Child's Name: _____ Child's Name: _____

Are you entitled to receive child support or other compensation pursuant to any court order?

Yes No

Are you receiving child support or other compensation pursuant to any non-court agreement?

Yes No

Do you anticipate receiving any child support in the upcoming 12 months?

Yes No

If yes, please explain: _____

Reason as to why you are not pursuing child support: _____

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

Signature of Applicant/Tenant

Date

CERTIFICATION OF ZERO INCOME

Head of Household Name: _____ Unit No.: _____

Development Name and Address: _____

A. Within the next 12 months, will you receive income from any of the following sources?

You must supply additional information to verify all 'Yes' answers.

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Wages, bonus, commissions, tips, etc. | <input type="checkbox"/> Yes <input type="checkbox"/> No | Self-employment (includes Uber/Lyft, online sales, etc.) |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Unemployment Benefits | <input type="checkbox"/> Yes <input type="checkbox"/> No | Annuities, insurance policies, stocks, etc. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Worker's Compensation | <input type="checkbox"/> Yes <input type="checkbox"/> No | Pensions, IRA, 401K |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Disability Payments | <input type="checkbox"/> Yes <input type="checkbox"/> No | Income from rental property |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Alimony | <input type="checkbox"/> Yes <input type="checkbox"/> No | Death Benefits |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Child Support | <input type="checkbox"/> Yes <input type="checkbox"/> No | Interest/dividends from assets, including bank accounts |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Social Security | <input type="checkbox"/> Yes <input type="checkbox"/> No | Direct Sales Consulting such as Mary Kay, Tupperware, Pampered Chef, etc. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Help with paying bills or other expenses or regular gifts of money from family or friends who don't live with you (including online donations such as GoFundMe or through a local bank) | <input type="checkbox"/> Yes <input type="checkbox"/> No | Work for cash (babysitting, lawncare, etc.) |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | Any other source (if yes, explain below)
_____ |

B. Mark the ONE statement that applies to you:

- I do not expect to have any source of income in the next 12 months.
- I have been hired for a new job or I will be receiving another source of income soon. I will give you more information for verification purposes.

C. If you have selected No for each source of income in section A, and you do not expect to have any source of income in the next 12 months, explain how you will pay for the following:

(write N/A if the cost does not apply to your household)

- Rent *(including garage rent, if applicable)* _____
- Utilities _____
- Food _____
- Clothing _____
- School supplies _____
- Cell phone or phone _____
- TV *(cable, dish, satellite)* and/or internet _____
- Medical care _____
- Medications & prescriptions _____
- Personal care products *(shampoo, toothpaste, etc.)* _____
- Vehicle expenses *(car payments, insurance, fuel, etc.)* _____
- Payments on credit card balances _____
- Other expenses not listed above _____
- Additional comments _____

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. I further understand that providing false representations constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of my Lease agreement. I understand that I may be required to periodically update this information as requested by owner/agent.

Signature of Applicant/Tenant

Printed Name of Applicant/Tenant

Date

CHILD SUPPORT AND/OR ALIMONY VERIFICATION

(Completed by Clerk of Court or Appropriate Verifying State Agency)

THIS SECTION TO BE COMPLETED BY TENANT AND EXECUTED BY MANAGEMENT

TO: _____
Name & Address of Agency

_____ Unit # (if assigned)

_____ Docket

_____ Page #

RE: _____
Applicant/Tenant Name

_____ Social Security Number

I hereby authorize release of my child support/alimony information.

Signature of Applicant/Tenant

Date

Child's Name

Child's Name

Child's Name

Child's Name

The individual named directly above has indicated that he or she is receiving court-ordered support and is an applicant/tenant of a housing program that requires verification of income. The information provided will remain confidential and will be used solely for the purpose of determining eligibility for occupancy. Your prompt response is crucial and greatly appreciated.

Signature of Owner's Representative

Date

Return Form To:

THIS SECTION TO BE COMPLETED BY CLERK OF COURT OR APPROPRIATE VERIFYING STATE AGENCY

This will certify that the above-named person is court ordered to receive \$ _____ per _____ in child support and/or \$ _____ per _____ in alimony. (A copy of the account ledger may be substituted.)

Clerk of Court/Agency Official's Signature

Printed Name & Title

Date

Agency's Name and Address

Phone #

Fax #

E-mail

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.

CHILD SUPPORT AND/OR ALIMONY VERIFICATION

(Completed by Payer)

THIS SECTION TO BE COMPLETED BY TENANT AND EXECUTED BY MANAGEMENT

TO: _____
Name & Address of Payer

_____ Unit # (if assigned)

RE: _____
Applicant/Tenant Name

_____ Social Security Number

I hereby authorize release of my child support/alimony information.

_____ Signature of Applicant/Tenant

_____ Date

The individual named directly above has indicated that he or she is receiving support and is an applicant/tenant of a housing program that requires verification of income. The information provided will remain confidential and will be used solely for the purpose of determining eligibility for occupancy. Your prompt response is crucial and greatly appreciated.

Return Form To:

_____ Signature of Owner's Representative

_____ Date

THIS SECTION TO BE COMPLETED BY CLERK OF COURT OR APPROPRIATE VERIFYING STATE AGENCY

This will certify that I pay \$ _____ per _____ in child support to (Name): _____

for the support of Child(ren) Name(s): _____

This will certify that I pay \$ _____ per _____ in alimony to (Name): _____

_____ Signature

_____ Printed Name

_____ Date

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.

CLARIFICATION RECORD

Applicant/Resident Name: _____ Date: _____

Initial Certification Date of Expected Move-In: _____

Recertification (Annual or Interim) Effective Date: _____

Means of Clarification: Phone Conversation

Person-to-Person Conversation

Other: _____

(Please state)

Date of Clarification: _____ Time: _____

Contact Name: _____ Position: _____

Company/Organization: _____ Phone: _____

Summary Clarification Requested: _____

Explanation or Clarification Given: _____

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 that providing false representation herein constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of a Lease agreement.

Signature of Contact Printed Name Date

Signature of Owner's Representative Printed Name Date

DISPOSAL OF ASSETS CERTIFICATION

Household Name: _____ Date: _____

Property Name: _____ Unit # (if assigned): _____

I, _____ hereby certify that during the two-year (24 month) period preceding the effective date of my certification or recertification of eligibility for tax credit housing participation, I have disposed of the following asset(s) as identified below for less than fair market value: (i.e., real estate, financial gifts, etc.)

Asset Description	Date Disposed	*Fair Market Value	Actual Amount Received

If you received money from a disposed asset, where is the money now? (Please provide appropriate documentation, if applicable):

*Fair Market Value is the market value of the asset minus reasonable costs incurred in selling/converting the asset into cash. Such costs include:

1. Penalties for early withdrawal.
2. Broker/legal fees for the sale of assets.
3. Settlement costs for real estate transactions.

Under penalty of perjury, I/we 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 representation herein constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of a Lease agreement.

Signature of Applicant/Tenant

Date

EMPLOYMENT VERIFICATION

THIS SECTION TO BE COMPLETED BY TENANT AND EXECUTED BY MANAGEMENT

TO: _____
Employer [company] Name & Address

Phone Number Fax Number

RE: _____
Applicant/Tenant Name

Social Security Number

Unit # (if assigned)

I hereby authorize release of my employment information:

Signature of Applicant/Tenant Date

The individual named directly above is an applicant/tenant of a housing program that requires verification of income. The information provided will remain confidential and will be used solely for the purpose of determining eligibility for occupancy. Your prompt response is crucial and greatly appreciated.

Signature of Owner's Representative Date

Return Form To:

THIS SECTION TO BE COMPLETED BY EMPLOYER

PLEASE COMPLETE EVERY LINE - IF IT DOES NOT APPLY PLEASE WRITE N/A OR NONE

Employee Name: _____ Job Title: _____
Presently Employed: Yes - Date First Employed: _____ No - Last Day of Employment: _____

Current Wages/Salary: \$ _____ per (check only one):
 hourly weekly bi-weekly semi-monthly
 monthly yearly other _____
Frequency of pay: (check only one):
 daily weekly bi-weekly semi-monthly
 monthly yearly other _____

Ave # of regular hours per wk: _____ Year-to-date gross earnings: \$ _____ From: _____ through: _____
Number of pay periods included in the YTD earnings: _____

Overtime rate per hour: \$ _____ Average # of overtime hours per week: _____
Shift differential per hour: \$ _____ Average # of shift differential hours per week: _____

Commissions, bonuses, tips, other: \$ _____ (check only one): hourly weekly bi-weekly semi-monthly
 monthly yearly other _____

List any anticipated change in the employee's rate of pay within the next 12 months: _____

Effective date: _____

Is the employee's work seasonal or sporadic? Yes No If yes, indicate the average number of weeks in the layoff period(s): _____

Does the employee participate in a 401K/Retirement account? Yes No Employee can access the account? Yes No

Additional remarks: _____

Employer's Signature Employer's Printed Name Date

Employer [Company] Name and Address

Phone # Fax # E-mail

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.

FOSTER CARE VERIFICATION
(For use in verifying full-time student eligibility)

THIS SECTION TO BE COMPLETED BY TENANT AND EXECUTED BY MANAGEMENT

TO: _____
Name & Address of Payer

Phone Number Fax Number

RE: _____
Applicant/Tenant Name

Social Security Number

Unit # (if assigned)

I hereby authorize release of the requested information.

Signature of Applicant/Tenant

Date

The individual named directly above is an applicant/tenant of housing program that provides an exemption from a prohibition against full time students if the student was previously in foster care. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

Signature of Owner's Representative

Date

Return Form To:

THIS SECTION TO BE COMPLETED BY AGENCY

For purposes of determining the eligibility of full-time students formerly out-of-home placement in a foster care system governed by Title IV, part B or E of the Social Security Act Foster Care Eligibility Program, the above referenced individual:

Has previously been in foster care from _____ to _____

Has not previously been in foster care

Additional remarks: _____

Agency's Signature

Agency's Printed Name

Date

Agency Name and Address

Phone #

Fax #

E-mail

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.

HOMEOWNER / REAL ESTATE CERTIFICATION

Household Name: _____ Date: _____

Property Name: _____ Unit # (if assigned): _____

Do you currently own 100% of the Real Estate Property? Yes No

If not, what percentage do you own: _____ %
(Please provide appropriate documentation supporting this percentage)

Address of real estate property: _____

Do you rent or are you anticipating renting this property in the next 12 months? Yes No

If yes, currently/anticipating renting property for \$ _____ per month or \$ _____ per year
(Please provide rental documentation, if applicable)

Is this property under a land contract financed by the applicant/tenant? Yes No
(Please provide the appropriate documentation)

Please provide documentation of fair market value and any costs to convert this asset to cash.

Please note: If the property has already been sold, please provide settlement statement, land contract or purchase agreement and if applicable, amortization schedule.

Additional remarks: _____

Under penalty of perjury, I/we 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 representation herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a Lease agreement.

Signature of Applicant/Tenant

Date

Signature of Applicant/Tenant

Date

LIFE INSURANCE VERIFICATION

THIS SECTION TO BE COMPLETED BY TENANT AND EXECUTED BY MANAGEMENT

TO: _____
 Employer [company] Name & Address

 Phone Number Fax Number

RE: _____
 Applicant/Tenant Name

 Social Security Number

 Unit # (if assigned)

I hereby authorize release of my life insurance information.

 Signature of Applicant/Tenant Date

The individual(s) named directly above is an applicant/tenant of a housing program that requires verification of income. The information provided will remain confidential and will be used solely for the purpose of determining eligibility for occupancy. Your prompt response is crucial and greatly appreciated.

 Signature of Owner's Representative Date

Return Form To:

THIS SECTION TO BE COMPLETED BY LIFE INSURANCE PROVIDER

Policy Account #	Market/Face Value	Cash Surrender Value	Dividend Paid and/or Interest Rate (this includes reinvested interest/dividends) ("N/A" if no interest or dividend paid)
_____	\$ _____	\$ _____	\$ _____ / _____ %
_____	\$ _____	\$ _____	\$ _____ / _____ %
_____	\$ _____	\$ _____	\$ _____ / _____ %

Type of Life Insurance: Term Universal Whole Life Does the applicant/tenant have access to the lump sum amount? Yes No

Is the applicant/tenant receiving periodic payments Yes No If yes, what amount \$ _____ Frequency _____

Additional Remarks: (please indicate any anticipated changes) _____

 Signature Printed Name & Title Date

 Name and Address

 Phone # Fax # E-mail

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.

LIVE-IN CARE ATTENDANT AFFIDAVIT

I, _____, will be residing with _____ as
(Name of Live-In Aide) (Name of Tenant)

their Live-in Care Attendant. I understand that the definition of a live-in aide means a person who resides with one or more elderly persons, or near-elderly person(s), or person(s) with disabilities, and who

- (1) _____ is determined to be **essential** to the care and well-being of the said person;
- (2) _____ is **not** obligated for the [financial] support of the said person; and
- (3) _____ would not be living in the unit **except** to provide the necessary supportive services.

Please initial the above items that are applicable and provide verification of need from applicant/tenant's health care professional or case manager.

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

Signature of Live-in Care Attendant

Printed Name

Date

MILITARY PAY VERIFICATION

THIS SECTION TO BE COMPLETED BY TENANT AND EXECUTED BY MANAGEMENT

TO: _____
Name & Address of Employer

Phone Number Fax Number

RE: _____
Applicant/Tenant Name

Social Security Number

Unit # (if assigned)

I hereby authorize release of my military employment information.

Signature of Applicant/Tenant

Date

The individual named directly above is an applicant/tenant of a housing program that requires verification of income. The information provided will remain confidential and will be used solely for the purpose of determining eligibility for occupancy. Your prompt response is crucial and greatly appreciated.

Return Form To:

Signature of Owner's Representative

Date

THIS SECTION TO BE COMPLETED BY APPROPRIATE MILITARY OFFICIAL

Name: _____ Grade Level: _____ Years of Service: _____

Anticipated Gross Earnings Over the Next 12 Months (including all allowances except *Hostile Fire Pay*): _____

Type of Pay	Current Monthly Amount	Year To Date Amount	Type of Pay	Current Monthly Amount	Year To Date Amount
Basic	\$ _____	\$ _____	BAH Pay	\$ _____	\$ _____
Drill	\$ _____	\$ _____	BAS Pay	\$ _____	\$ _____
Incentive	\$ _____	\$ _____	COLA	\$ _____	\$ _____
Hardship	\$ _____	\$ _____	Clothing Allowance	\$ _____	\$ _____
Hostile Fire	\$ _____	\$ _____	Other:	_____	_____
			_____	\$ _____	\$ _____
Hazardous Duty	\$ _____	\$ _____	Other:	_____	_____
			_____	\$ _____	\$ _____
Special Type:			Other:	_____	_____
_____	\$ _____	\$ _____	_____	\$ _____	\$ _____

Please Indicate the Gross Year To Date Earnings (*excluding Hostile Fire Pay*) \$ _____

Do you anticipate any changes in the pay amounts listed above over the next 12 months? Yes No

If yes, please explain the change and effective date here: _____

Additional remarks: _____

Authorized Official Signature

Authorized Official Printed Name & Title

Date

Military Agency Address

Phone #

Fax #

E-mail

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.

MUTUAL FUND/STOCK/BOND VERIFICATION

THIS SECTION TO BE COMPLETED BY TENANT AND EXECUTED BY MANAGEMENT

TO: Name & Address of Financial Institution
Phone Number Fax Number

RE: Applicant/Tenant Name
Social Security Number
Unit # (if assigned)

I hereby authorize release of my asset information.

Signature of Applicant/Tenant Date

The individual named directly above is an applicant/tenant of a housing program that requires verification of income. The information provided will remain confidential and will be used solely for the purpose of determining eligibility for occupancy. Your prompt response is crucial and greatly appreciated.

Return Form To:

Signature of Owner's Representative Date

THIS SECTION TO BE COMPLETED BY FINANCIAL INSTITUTION

Market Value: \$ Cash Value*:

Number of Units (i.e. shares): Owned: at \$ per unit

Dividends Paid and/or Interest Rate (this includes reinvested interest/dividends): \$ / %
(If varies, please use average dividend paid and/interest rate, or the rate at the close of business yesterday)

Frequency of Interest/Dividend payments: Monthly Quarterly Semi-annual Annually Other

*Cash Value is the current value less the cost to turn the asset into cash.

Additional Remarks: (please indicate any anticipated changes.)

Signature Printed Name & Title Date

Financial Institution Name and Address

Phone # Fax # E-mail

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.

NON-PROFIT SET ASIDE VERIFICATION

Property Name: _____ Project#: _____

Property Address: _____

Non-Profit Entity Name: _____

Tax ID# of Ownership Entity: _____

Certification Dates: _____ (From MM/DD/YYYY) _____ (To MM/DD/YYYY)

Describe the non-profit's participation in the daily operations of the development:

Describe the non-profit's ownership in the development entity (including the non-profit's ownership percentage in the development) for the certification dates entered above:

Did the non-profit's ownership rights with respect to the development remain the same throughout the certification dates listed above: Yes No

The project is otherwise in compliance with the Code, including any Treasury Regulations, the applicable State Allocation Plan and all other applicable laws, rules, and regulations. This Certification and any attachments are made UNDER PENALTY OF PERJURY.

(Ownership Entity)

Signature: _____

Print Name: _____

Title: _____

Date: _____

OWNER'S CERTIFICATE OF CONTINUING PROGRAM COMPLIANCE

To: Nebraska Investment Finance Authority
1230 O Street, Suite 200
Lincoln, NE 68508-1402

Certification Dates: From: January 1, 20_____

To: December 31, 20_____

Project Name: _____

Project No.: _____

Project Address: _____

City: _____

Zip: _____

Tax ID # of Ownership Entity: _____

- No buildings have been placed in service.
- At least one building has been placed in service, but owner elects to begin credit period in the following year.
If either of the above applies, please check the appropriate box, and proceed to page 2 to sign and date this form.

The undersigned _____ on behalf of _____ (the "Owner"), hereby certifies that:

- The Project meets the minimum requirements of:** (check one)
 20 - 50 test under Section 42(g)(1)(A) of the Code
 40 - 60 test under Section 42(g)(1)(B) of the Code
 The Average Income test under Section 42(g)(1)(C)
 15 - 40 test for "deep rent-skewed" projects under Sections 42(g)(4) and 142(d)(4)(B) of the Code
- There has been no change in the applicable fraction (as defined in Section 42(c)(1)(B) of the Code) for any building in the Project:**
 NO CHANGE CHANGE
If "Change," list the applicable fraction to be reported to the IRS for each building in the project for the certification year on page 3.
- The Owner has received an annual Tenant Income Certification from each low-income resident and documentation to support that certification, or the owner has a re-certification waiver letter from the IRS in good standing, has received an annual Tenant Income Certification from each low-income resident, and documentation to support the certification at their initial occupancy.
 YES NO
- Each low-income unit in the Project has been rent-restricted under Section 42(g)(2) of the Code:
 YES NO
- All low-income units in the Project are and have been for use by the general public and used on a non-transient basis (except for transitional housing for the homeless provided under Section 42(i)(3)(B)(iii) of the Code):
 YES NO HOMELESS
- No finding of discrimination under the Fair Housing Act, 42 U.S.C. 3601-3619, has occurred for this Project. A finding of discrimination includes an adverse final decision by the Secretary of Housing and Urban Development (HUD), 24 CFR 180.680, an adverse final decision by a substantially equivalent state or local fair housing agency, 42 U.S.C. 3616a(a)(1), or an adverse judgment from a federal court:
 NO FINDING FINDING
- Each building in the Project is and has been suitable for occupancy, taking into account local health, safety and building codes (or other habitability standards), and the state or local government unit responsible for making building code inspections did not issue a report of a violation for any building or low-income unit in the project:
 YES NO

If "No," state the nature of violation on page 3 and attach a copy of the violation report as required by 26 CFR 1.42-5 and any documentation of correction.

PENSION INCOME VERIFICATION

THIS SECTION TO BE COMPLETED BY TENANT AND EXECUTED BY MANAGEMENT

TO: _____
Name & Address

Phone Number Fax Number

RE: _____
Applicant/Tenant Name

Social Security Number

Unit # (if assigned)

I hereby authorize release of my pension income information.

Signature of Applicant/Tenant Date

The individual named directly above is an applicant/tenant of a housing program that requires verification of income. The information provided will remain confidential and will be used solely for the purpose of determining eligibility for occupancy. Your prompt response is crucial and greatly appreciated.

Signature of Owner's Representative Date

Return Form To

THIS SECTION TO BE COMPLETED BY PENSION PROVIDER

Periodic Payments Received: \$ _____ Weekly Monthly Other _____

Effective Date: _____ Ending Date, known: _____

Additional Remarks: (please indicate any anticipated changes.) _____

Signature Printed Name & Title Date

Name and Address

Phone # Fax # E-mail

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.

RECERTIFICATION QUESTIONNAIRE

Property Name: _____ Effective Date: _____ Unit #: _____

Household Composition:

Name(s)	Relation to the Head	Date of Birth	Gender (M/F)	Social Security #	Student (Y/N)	If Yes, PT or FT
1	HEAD					
2						
3						
4						
5						
6						

Please answer the following:

Income Source

			Monthly Amount	Household Member
Employment 1	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____
Employment 2	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____
Self Employment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____
Social Security	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____
Supplemental Security Income (SSI)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____
Pension/Veteran's Administration	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____
Child Support/Alimony	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____
TANF/AFDC	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____
Unemployment Benefits	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____
Workers Compensation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____
Other _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____

Asset Source

			Cash Value	Household Member
Checking Account	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____
Savings Account	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____
Certificate of Deposit	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____
Stocks, Bonds, Mutual Funds	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____
Annuities	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____
Retirement Fund (IRA, Keogh, 401K)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____
Life Insurance (Whole or Universal)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____
Real Estate or Rental Property	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____
Disposed of an Asset within last 2 years	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____
Prepaid Debit Card	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____
Cash on Hand	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____
Other _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____

Under penalty of perjury, I/we 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 representation herein constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of a Lease agreement.

All household members age 18 or older must sign and date.

_____	_____	_____	_____
Signature	Date	Signature	Date
_____	_____	_____	_____
Signature	Date	Signature	Date

RENTAL APPLICATION

Property Name: _____ Date: _____ Apartment Size Desired: Number of Bedrooms _____

To be completed in full by household members ages 18 and older. PLEASE ANSWER ALL QUESTIONS! Do not leave any space blank, write "No or N/A" where appropriate. White-out is not acceptable. PLEASE PRINT:

1. FAMILY DATA:

Name of Head of Household (Head): _____

Current marital status: Single Married Divorced Separated Widow

Current Address: Street _____ City _____ State _____ Zip _____

Day Phone: _____ Night Phone: _____

Have you ever used another name? Yes No If yes, please indicate name _____

Directions to Applicant: Please complete the table below for each member of your household, whether or not those members are related. Include all members who you anticipate will live with you at least 50% of the time during the next 12 months. **(A full-time student is anyone who is enrolled for at least five calendar months during this taxable year for the number of hours or courses which are considered full-time attendance by that institution. The five months need not be consecutive).**

If you need additional space for answers to any paragraph listed below, attach additional sheets and make sure you include a reference to the paragraph number, your name and your social security number.

2. HOUSEHOLD COMPOSITION:

Member Number	Name(s)	Relation to Head	Date of Birth	Gender (M/F)	Social Security #	Student (Y/N)	If Yes, PT or FT
1.		HEAD					
2.							
3.							
4.							
5.							
6.							

Do all the above household members reside in the household 100% of the time? Yes No

If no, please list those not living in the household 100% of the time: _____

Anticipated changes in the household size within the next 12 months? Yes No

If yes, please explain: _____

Anticipated changes in the number of students within the next 12 months? Yes No

If yes, please explain: _____

Are all occupants' full-time students? Yes No

If yes, please answer the following:

- a.) **Are any of the students married and entitled to file a joint Federal Income Tax Return with their spouse?**
 Yes No (If Yes, attach most recent signed and dated Federal Income Tax Return or marriage certificate).

b.) **Are any of the students receiving assistance under Title IV of the Social Security Act, which includes but is not limited to TANF/AFDC?**

Yes No (If yes, provide applicable third-party documentation).

c.) **Are any of the students enrolled in a job training program receiving assistance under the Workforce Investment Act (WIA)/Job Training Partnership Act (JTPA) or under similar Federal, State, or local laws?**

Yes No (If yes, attach verification of participation).

d.) **Does the household consist of single-parent(s) and their child(ren) and such parent(s) are not dependents on another individuals tax return and such children are not dependents of another individual other than a parent of such child?**

Yes No (If Yes, attach most recent signed and dated Federal Tax Return).

e.) **Does the household consist of at least one student who was previously under foster care?**

Yes No (If yes, provide verification of participation).

3. **ANTICIPATED HOUSEHOLD INCOME: Present employment and other income received by household members:** For the following indicate the amount of anticipated income for all household members (for minors, unearned income amounts only), during the 12 months period beginning this date. If you are uncertain which types of income must be included or may be excluded, please ask management personnel for assistance.

Is income received from any of the following sources? Please mark "Yes" or "No" for each source of income.

Income Source	Head of Household		Co-Head		Additional Household Members	
	Check One	Amount	Check One	Amount	Check One	Amount
Wages, salary, etc. thru employment (include overtime, tips, bonuses, commissions and payment received in cash)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Self-Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Military pay, including allowances	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Social Security	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
SSI	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
TANF or other Public Assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Alimony (includes alimony you are entitled to but may not be receiving)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Child Support (includes child support you are entitled to but may not be receiving)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Unemployment Compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Workers' Compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Severance Pay	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Retirement Income	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Pensions	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Annuities Income (including lottery winnings or inheritances)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Insurance Policies Income	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$

Disability or Death Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Net Income from a Business (including rental property, land contracts or other forms of real estate)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Regular Recurring Gifts	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Education Grants, Scholarships or Other Students Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
List Other Income:	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
List Other Income:	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$

Are any of these incomes listed being deposited onto a pre-paid debit card (ReliaCard, Direct Express, NetSpend, Citi Bank, etc.)?
 Yes No If yes, please provide documentation so this may be verified.

4. ASSET INCOME: List all assets currently held by all household members and the cash value of each. The cash value is the market value of the asset minus reasonable costs that were or would be, incurred in selling or converting the asset to cash.

Type of Asset	Head of Household		Co-Head		Additional Household Members	
	Check One	Amount	Check One	Amount	Check One	Amount
Checking Accounts	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Savings Accounts	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Certificates of Deposits*	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Money Market Account	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Mutual Funds/Stocks/Bonds*	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Treasury Bills	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Retirement Accounts (IRA, 401K, Keogh, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Annuities*	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Life Insurance Policies (Whole or Universal Life)*	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Pension Funds*	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Trust Accounts	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Savings Bonds	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Cash on Hand	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Prepaid Debit Card (Direct Express, NetSpend, CitiBank reloadable, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Personal Property Held for Investment	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Mortgage or Deed of Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Safe Deposit Box	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
House/Real Estate*	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$

Rental Property	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Other Investments	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Have you received any lump sum payments such as the following:						
Inheritances	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Lottery or other Winnings	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Insurance Settlements	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Workers' Compensation Settlements	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Social Security Disability Settlements	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Unemployment Compensation Settlements	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
VA Disability Settlements	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Severance Pay	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Capital Gains	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$

Note: *When listing the cash value of any of the items that have an asterisk, please keep in mind penalties for withdrawal, or any fees deducted to convert the asset to cash. For example, if you owned a home, and sold it, how much cash would you have after you paid off the mortgage, the realtor etc.? That's the amount you should list in the "value" column.

Have you disposed of any assets for less than Fair Market Value within the last two years? Yes No _____
(State if the sale was due to foreclosure, bankruptcy, or divorce.)

5. EMPLOYMENT HISTORY:

Head of Household Employment Information

Employer's Name				
Street Address		City	State	Zip Code
Date Hired	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Twice Monthly Gross Salary \$ _____ <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other			Hours worked per week
Termination Date	Supervisor's Name	Work Telephone #	Work Fax #	

If Currently Unemployed, List Previous Employment OR If More Than One Employer, List Second Here

Employer's Name				
Street Address		City	State	Zip Code
Date Hired	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Twice Monthly Gross Salary \$ _____ <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other			Hours worked per week

Termination Date	Supervisor's Name	Work Telephone #	Work Fax #
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Other Household Member Employment Information

Employer's Name				
Street Address		City	State	Zip Code
Date Hired	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Twice Monthly Gross Salary \$ _____ <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other			Hours worked per week
Termination Date	Supervisor's Name	Work Telephone #	Work Fax #	

If Currently Unemployed, List Previous Employment OR If More Than One Employer, List Second Here

Employer's Name				
Street Address		City	State	Zip Code
Date Hired	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Twice Monthly Gross Salary \$ _____ <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other			Hours worked per week
Termination Date	Supervisor's Name	Work Telephone #	Work Fax #	

6. CREDIT HISTORY

Have you ever filed for bankruptcy? Yes No If yes, please explain _____

Do you currently or have you previously had a judgment filed against you? Yes No If yes, please explain _____

Credit References

Name	Address/Phone	Monthly Payment

7. RESIDENCE HISTORY: CURRENT & PREVIOUS LANDLORDS: (Past 2 years residence including any owned by applicants.)

Current Address		Rent/Month	Utilities/Month	Move-In Date	Reason for Leaving
Landlord Name	Landlord Address			Landlord Phone	

Previous Address	Rent/Month	Utilities/Month	Move-In Date	Reason for Leaving
Landlord Name	Landlord Address			Landlord Phone

Previous Address	Rent/Month	Utilities/Month	Move-In Date	Reason for Leaving
Landlord Name	Landlord Address			Landlord Phone

8. VEHICLES (including company cars, motorcycles, etc.):

Member Number	Driver's License Number / State	Model	Year	Color	License Plate Number / State

9. OTHER

Do you have full custody of your child(ren)? Yes No N/A Explain the custody arrangements: _____

Have you ever been evicted? Yes No If Yes, explain _____

Have you ever been convicted of a felony? Yes No If Yes, explain _____

Will your household be receiving Section 8 rental assistance at the time of move-in? Yes No

Will your household be eligible or are you applying to receive Section 8 rental assistance in the next 12 months?

Yes No Explain _____

Have you ever received rental assistance? Yes No If Yes, explain _____

Has your rental assistance ever been terminated for fraud, non-payment of rent or failure to recertify?

Yes No If Yes, explain _____

10. SPECIAL NEEDS:

Does anyone in your household have special needs? Yes No

Special living accommodations required? Yes No

Please Explain (Attach additional pages as needed): _____

11. IN CASE OF EMERGENCY, NOTIFY:

Name	Address	Phone

I/We understand that the above information is being collected to determine my/our eligibility for residency. I/We authorize the owner/manager to verify information provided on this application and my signature is our consent to obtain such verification. I/We certify that I/we have revealed all assets currently held or previously disposed of and that I/we have no other assets than those listed on this form (other than personal property). I/We further certify that the statements made in this application are true and complete to the best of my/our knowledge and belief and are aware that false statements are punishable under Federal law.

I/We understand that this application and all related inquires will be used only for its relevance to screening and occupancy at this Property.

SIGNATURE OF ALL PARTIES TO THIS APPLICATION, 18 YEARS OR OLDER:

_____ Applicant Signature (HEAD)	_____ Date	_____ Applicant Printed Name (HEAD)
_____ Applicant Signature	_____ Date	_____ Applicant Printed Name
_____ Applicant Signature	_____ Date	_____ Applicant Printed Name

RETIREMENT SAVINGS PLAN VERIFICATION
(401K, IRA, Keogh, etc.)

THIS SECTION TO BE COMPLETED BY TENANT AND EXECUTED BY MANAGEMENT

TO: _____
Name & Address

Phone Number Fax Number

RE: _____
Applicant/Tenant Name

Social Security Number

Unit # (if assigned)

I hereby authorize release of my retirement account information.

Signature of Applicant/Tenant Date

The individual(s) named directly above is an applicant/tenant of a housing program that requires verification of income. The information provided will remain confidential and will be used solely for the purpose of determining eligibility for occupancy. Your prompt response is crucial and greatly appreciated.

Signature of Owner's Representative Date

Return Form To:

THIS SECTION TO BE COMPLETED BY RETIREMENT PLAN PROVIDER

Does the holder have access to the lump sum amount? Yes No
(This includes funds available even if withdrawal would result in penalty)

Type of account: _____

Cash Value*: \$ _____

Market Value: \$ _____

Is the applicant/tenant receiving periodic payments? Yes No

If yes, what amount: \$ _____ Frequency _____

Is this savings plan earning interest and/ dividends? Yes No
(this includes reinvested interest/dividends)

If yes, what amount: _____ %/\$ _____ Frequency _____

If the applicant/tenant is over 70 ½ Required Minimum Distributions (RMD) must be withdrawn from the account.

Is the applicant/tenant over 70 ½? Yes No

If yes, what is the annual RMD amount: \$ _____

*Cash Value is the current value less the cost to turn the asset into cash.

Additional Remarks: (please indicate any anticipated changes.) _____

Signature Printed Name & Title Date

Name and Address

Phone # Fax # E-mail

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.

SAFE DEPOSIT BOX CERTIFICATION

Household Name: _____

Date: _____

Property Name: _____

Unit # (if assigned): _____

The contents of my Safe Deposit Box are as follows:

(Please specify what kind of papers and give specific details of other items in the box.)

ITEM	VALUE
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Under penalty of perjury, I/we 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 representation herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a Lease agreement.

Signature of Applicant/Tenant

Date

Signature of Applicant/Tenant

Date

SAVINGS BONDS VERIFICATION

THIS SECTION TO BE COMPLETED BY TENANT AND EXECUTED BY MANAGEMENT

TO: _____
Name & Address of Financial Institution

Phone Number Fax Number

RE: _____
Applicant/Tenant Name

Social Security Number

Unit # (if assigned)

I hereby authorize release of my asset information.

Signature of Applicant/Tenant Date

The individual named directly above is an applicant/tenant of a housing program that requires verification of income. The information provided will remain confidential and will be used solely for the purpose of determining eligibility for occupancy. Your prompt response is crucial and greatly appreciated.

Signature of Owner's Representative Date

Return Form To:

THIS SECTION TO BE COMPLETED BY FINANCIAL INSTITUTION

Bond Serial Number: _____ Denomination: \$ _____

Series: EE Bond I Bond E Bond Savings Notes Issue Date: _____

Final Maturity: _____ Interest Rate: _____ % Value of Bond: \$ _____

Note: Not Issued Not eligible for payment Includes 3-month interest penalty Matured and not earning interest

Additional Remarks: (please indicate any anticipated changes.) _____

Signature Printed Name & Title Date

Name and Address

Phone # Fax # E-mail

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.

SELF-CERTIFICATION FORM

Household Name: _____ Date: _____

Property Name: _____ Unit # (if assigned): _____

I, _____, certify that:

Under penalty of perjury, I/we 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 representation herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a Lease agreement.

Signature of Applicant/Tenant

Date

SELF-EMPLOYMENT AFFIDAVIT

You have applied to live in an apartment that is governed by the federal government's Housing Credit Program. This Program requires us to certify all of your income, assets and eligibility information as part of determining your household's eligibility. Program requirements state we must verify each income and asset source as well as other claims of eligibility. We must determine this prior to granting your eligibility and, if such eligibility is granted, each subsequent year you remain in the unit.

COMPLETE THIS FORM IN ITS ENTIRETY

I hereby attach copies of my individual federal tax returns for the immediate preceding three calendar years for which self employment tax returns could have been filed (or, if not filed, were not required to be filed) and certify that the information shown in such income tax returns is true and complete to the best of my knowledge. Business income counted towards income eligibility for the Housing Credit Program is net income from the operation of a business or profession, including cash withdrawals from the business. Do NOT deduct accelerated depreciation, payments made to expand the business or principal payments on debt.

Name of Business: _____ Business Address: _____

Type of Business: _____ City, State, Zip: _____

Position Held: _____ Start Date: _____

Anticipated Annual Income: \$ _____

Number of Self-Employment Federal Tax Returns filed in the last three years: _____

Year: _____ tax return income: \$ _____

Year: _____ tax return income: \$ _____

Year: _____ tax return income: \$ _____

Average: \$ _____

NOTE: If anticipated annual income is greater than the average of the tax returns, include the anticipated annual income.

If anticipated annual income is less than the average of the tax returns, provide explanation; otherwise, include average of the tax returns.

Attach a copy of your SIGNED or electronically submitted Federal Tax Return including Profit/Loss Statement (Schedule C) for preceding three calendar years.

OR

If this is a new business, or if you do not file income taxes, you will need to provide a signed and dated anticipated Profit/Loss Statement or a written business plan.

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

Signature of Applicant/Resident

Printed Name

Date

SOCIAL SECURITY VERIFICATION

THIS SECTION TO BE COMPLETED BY TENANT AND EXECUTED BY MANAGEMENT

TO: _____
Name & Address of Social Security Administration

Phone Number Fax Number

RE: _____
Applicant/Tenant Name

Social Security Number

Unit # (if assigned)

I hereby authorize release of my Social Security information.

Signature of Applicant/Tenant

Date

The individual named directly above is an applicant/tenant of a housing program that requires verification of income. The information provided will remain confidential and will be used solely for the purpose of determining eligibility for occupancy. Your prompt response is crucial and greatly appreciated.

Return Form To:

Signature of Owner's Representative

Date

THIS SECTION TO BE COMPLETED BY APPROPRIATE SOCIAL SECURITY PERSONNEL

- The gross amount of the monthly Social Security Benefit is (do not subtract Medicare deduction) \$ _____
The above amount became effective: _____ (Month) / _____ (Year)
- The monthly payment of the Supplemental Security Income payment is \$ _____
The above amount became effective: _____ (Month) / _____ (Year)
- Other information needed: _____

Complete only if you are unable to verify information requested:

- Claim Still Pending
 No record based on identifying information
 Other _____

Social Security Official's Signature

Printed Name

Date

Social Security Administration's Name and Address

Phone #

Fax #

E-mail

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.

STUDENT FINANCIAL AID VERIFICATION

THIS SECTION TO BE COMPLETED BY TENANT AND EXECUTED BY MANAGEMENT

TO: _____
 Name & Address of Financial Aid Provider

 Phone Number Fax Number

RE: _____
 Applicant/Tenant Name

 Social Security Number

 Unit # (if assigned)

- If you are 24 years of age or older with dependent child(ren), please check here.
 If you are a student residing with your parent(s), who are applying for or receiving Section 8 assistance, please check here.

I hereby authorize release of my financial aid information.

 Signature of Applicant/Tenant Date

The individual named directly above is an applicant/tenant of a housing program that requires verification of income. The information provided will remain confidential and will be used solely for the purpose of determining eligibility for occupancy. Your prompt response is crucial and greatly appreciated.

Return Form To:

 Signature of Owner's Representative Date

THIS SECTION TO BE COMPLETED BY FINANCIAL AID PROVIDER AND/OR EDUCATIONAL INSTITUTION

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

Student currently attends school: Full Time Part Time Not Currently Enrolled

If full-time, the date the student enrolled as such: _____ Expected Date of Graduation: _____

Total scholarships, grants, gifts etc. (*public or private, excluding student loans*) received is:

	Source	Spring 20 _____	Summer 20 _____	Fall 20 _____	Winter 20 _____
Scholarships	_____	\$ _____	\$ _____	\$ _____	\$ _____
Grants	_____	\$ _____	\$ _____	\$ _____	\$ _____
Other Contributions	_____	\$ _____	\$ _____	\$ _____	\$ _____
Cost of Tuition	_____	\$ _____	\$ _____	\$ _____	\$ _____

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

Signature: _____ Date: _____
 Printed Name: _____ Tel. #: _____
 Title: _____ Fax #: _____
 Educational Institution: _____ E-mail: _____

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.

TENANT INCOME CERTIFICATION

Effective Date: ____/____/____

Initial Certification

Recertification

Other: _____

Move In Date: ____/____/____
(MM/DD/YYYY)

PART I. DEVELOPMENT DATA

Property Name: _____

County: _____

BIN: _____

Address: _____

Unit Number: _____

Bedrooms: _____

PART II. HOUSEHOLD COMPOSITION

Hshld Mbr #	Last Name	First Name & Middle Initial	Relationship to Head of Household	Race	Ethnicity	Disabled?	Date of Birth (MM/DD/YYYY)	F/T Student (Y or N)	Last four digits of Social Security #
1									
2									
3									
4									
5									
6									
7									

PART III. GROSS ANNUAL INCOME (USE ANNUAL AMOUNTS)

Hshld Mbr #	(A) Employment or Wages	(B) Soc. Security/Pensions	(C) Public Assistance	(D) Other Income
TOTALS	\$	\$	\$	\$
Add totals from (A) through (D), above --				TOTAL INCOME (E): \$

PART IV. INCOME FROM ASSETS

Hshld Mbr #	(F) Type of Asset	(G) C/I	(H) Cash Value of Asset	(I) Annual Income From Asset
TOTALS:			\$	\$
Enter Column (H) Total If over \$5,000		\$ _____	Passbook Rate x .40% =	(J) Imputed Income \$
Enter the <u>greater</u> of the total of column I or J (imputed income).				TOTAL INCOME FROM ASSETS (K) \$
(L) Total Annual Household Income From All Sources [Add (E) + (K)]				\$

HOUSEHOLD CERTIFICATION & SIGNATURES

The information on this form will be used to determine maximum income eligibility. I/we have provided for each person(s) set forth in Part II acceptable verification of current anticipated annual income. I/we agree to notify the landlord immediately upon any member of the household moving out of the unit or any new member moving in. I/we agree to notify the landlord immediately upon any member becoming a full-time student.

Under penalties or perjury, I/we certify that the information presented in this Certification is true and accurate to the best of my/our knowledge and belief. 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 the Lease agreement.

Signature

Date

Signature

Date

Signature

Date

Signature

Date

PART V. DETERMINATION OF INCOME ELIGIBILITY

TOTAL ANNUAL HOUSEHOLD INCOME	Designated	RECERTIFICATION ONLY:
FROM ALL SOURCES: \$ _____	Income Restriction:	Current Income Limit x 140%:
From (L) on previous page 1	<input type="checkbox"/> 80% <input type="checkbox"/> 70%	\$ _____
Current Income Limit per Family Size: \$ _____	<input type="checkbox"/> 60% <input type="checkbox"/> 50%	<i>(Designated Income Limit: 20-50 properties use 50%; 40-60 properties use 60%; Average Income Test properties use 60% for all units with income designations that are 60% or lower and actual unit designation for units at 70% and 80%)</i>
Household Income at Move-in: \$ _____	<input type="checkbox"/> 40% <input type="checkbox"/> 30%	
Household Size at Move-in: \$ _____	<input type="checkbox"/> 20% <input type="checkbox"/> _____%	
	Household is over income at recertification:	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	

PART VI. RENT

Tenant Paid Rent \$ _____	Rent Assistance: \$ _____
Utility Allowance \$ _____	Other Non-Optional Charges: \$ _____
GROSS RENT FOR UNIT: \$ _____	Unit Meets Rent Restriction at:
(Tenant paid rent plus utility allowance & other non-optional charges)	<input type="checkbox"/> 80% <input type="checkbox"/> 70% <input type="checkbox"/> 60% <input type="checkbox"/> 50%
Maximum Rent Limit for This Unit: \$ _____	<input type="checkbox"/> 40% <input type="checkbox"/> 30% <input type="checkbox"/> 20% <input type="checkbox"/> _____%

Is the source of the Rental Assistance Federal? Yes No *If No, what is the source of the assistance?* _____

If Yes, identify the type of Federal Rental Assistance:

- | | |
|--|--|
| <input type="checkbox"/> HUD Multi-Family Project-Based Rental Assistance (PBRA) | <input type="checkbox"/> HUD Housing Choice Voucher (HCV-tenant based) |
| <input type="checkbox"/> HUD Section 8 Moderate Rehabilitation | <input type="checkbox"/> HUD Project-Based Voucher (PBV) |
| <input type="checkbox"/> Public Housing Operating Subsidy | <input type="checkbox"/> USDA Section 521 Rental Assistance Program |
| <input type="checkbox"/> HOME Tenant Based Rental Assistance (TBRA) | <input type="checkbox"/> Other Federal Rental Assistance _____ |

PART VII. STUDENT STATUS

ARE ALL OCCUPANTS FULL-TIME STUDENTS? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, enter student explanation. * (Also attach documentation.) Enter 1-5 _____	*Student Explanation: 1 AFDC/TANF assistance 2 JTPA Program or equivalent 3 Single parent/dependent child 4 Married/Joint tax return 5 Foster Care
---	---	---

PART VIII. PROGRAM TYPE

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

a. <input type="checkbox"/> Housing Credit	b. <input type="checkbox"/> HOME	c. <input type="checkbox"/> Tax Exempt Housing Bond	d. <input type="checkbox"/> National HTF	e. <input type="checkbox"/> _____ <i>(Name of Program)</i>
See Part V above.	<i>Income Status</i> <input type="checkbox"/> ≤ 50% AMGI <input type="checkbox"/> ≤ 60% AMGI <input type="checkbox"/> ≤ 80% AMGI <input type="checkbox"/> OI**	<i>Income Status</i> <input type="checkbox"/> 50% AMGI <input type="checkbox"/> 60% AMGI <input type="checkbox"/> 80% AMGI <input type="checkbox"/> OI**	<i>Income Status</i> <input type="checkbox"/> 30% Poverty line <input type="checkbox"/> 50% AMGI <input type="checkbox"/> OI**	<i>Income Status</i> <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> OI**

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

SIGNATURE OF OWNER'S REPRESENTATIVE

Based on the representations herein and upon the proofs and documentation required to be submitted, the individual(s) named in Part II of this Tenant Income Certification is/are eligible under the provisions of Section 42 of the Internal Revenue Code, as amended, and the Land Use Restriction Agreement (if applicable), to live in a unit in this Project.

Signature of Owner's Representative _____
Date

INSTRUCTIONS FOR COMPLETING TENANT INCOME CERTIFICATION

The Tenant Income Certification form is to be completed by the owner or an authorized representative.

Part I – Development Data

Check the appropriate box for Initial Certification (move-in), Recertification (annual recertification) or Other. If Other, designate the purpose of the recertification (i.e., a unit transfer, a change in household composition or other state-required recertification).

- Move-in Date: Enter the date the tenant has or will take occupancy of the unit.
- Effective Date: Enter the effective date of the certification. For move-in, this should be the move-in date. For annual recertification, this effective date should be no later than one year from the effective date of the previous (re)certification.
- Property Name: Enter the name of the development.
- County: Enter the county (or equivalent) in which the building is located.
- BIN #: Enter the Building Identification Number (BIN) assigned to the building (from IRS Form 8609).
- Address: Enter the address of the building.
- Unit Number: Enter the unit number.
- # Bedrooms: Enter the number of bedrooms in the unit.

Part II – Household Composition

- Name: List first name, middle initial, and last name of all occupants in the unit.
- Relationship to Head of Household: Enter each household member's relationship to the head of household by using one of the following coded definitions:
- | | |
|-----------------------|--------------------------------|
| H - Head of Household | S - Spouse |
| A - Adult co-tenant | O - Other family member |
| C - Child | F - Foster child(ren)/adult(s) |
| L - Live-in caretaker | N - None of the above |
- Race: Enter each household member's race by using the following coded definitions:
- | | |
|--|----------------------------|
| 1 - White | 2 - Black/African American |
| 3 - American Indian/Alaska Native | 4 - Asian |
| 5 - Native Hawaiian/Other Pacific Islander | |
- *More than one race may be checked for each household member
- Ethnicity: Enter each household member's ethnicity by using one of the following coded definitions:
- | | |
|------------------------|----------------------------|
| 1 - Hispanic or Latino | 2 - Not Hispanic or Latino |
|------------------------|----------------------------|
- Disabled?: Enter 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 in this definition, please see 24 CFR 100.201, available at <http://www.fairhousing.com/index.cfm?method=page.display&pageID=465>.

- “Handicap” does not include current, illegal use of or addiction to a controlled substance.
- An individual shall not be considered to have a handicap solely because that individual is a Transvestite.

The housing credit agency administering its low-income housing credit program must, to the best of its ability, provide this disability status information, pursuant to 42 U.S.C. 1437z-8. However, it is the tenant’s voluntary choice whether to provide such information and questions to the tenant requesting the information must so state. If the tenant declines to provide the information, the housing credit agency shall use its best efforts to provide the information, such as by noting the appearance of a physical disability that is readily apparent and obvious, or by relying on a past year’s information. For purposes of gathering this information, no questions with respect to the nature or severity of the disability are appropriate.

Enter No if no member of the household is disabled.

Date of Birth: Enter each household member’s date of birth in the following format: MM/DD/YYYY

Student Status: Enter Yes if the household member is a full-time student or No if the household member is not a full-time student.

Social Security or Alien Reg. No.: For each tenant over 18 years of age, enter the last four digits of the social security number or alien registration number. If the tenant does not have a social security or alien registration number, please enter the numerical birth month and last two digits of birth year (e.g., if no SSN or alien registration number and the tenant’s birthday is January 1, 1970, enter “0170”).

If there are more than 7 occupants, use an additional sheet of paper to list the remaining household members and attach it to the certification.

Part III – Annual Income

See HUD Handbook 4350.3 for complete instructions on verifying and calculating income, including acceptable forms of verification.

From the third-party verification forms obtained from each income source, enter the gross amount anticipated to be received for the twelve months from the effective date of the (re)certification. Complete a separate line for each income-earning member and ensure each source of income is listed separately (i.e., if one member has social security and pension income, do not combine these totals on one line). List the respective household member number from Part II.

Column (A): Enter the annual amount of wages, salaries, tips, commissions, bonuses and other income from employment; distributed profits and/or net income from a business.

Column (B): Enter the annual amount of Social Security, Supplemental Security Income, pensions, military retirement, etc.

Column (C): Enter the annual amount of income received from public assistance (i.e., TANF, general assistance, disability, etc.).

Column (D): Enter the annual amount of alimony, child support, unemployment benefits or any other income regularly received by the household.

Box (E): Add the totals from columns (A) through (D), above. Enter this amount.

Part IV – Income From Assets

See HUD Handbook 4350.3 for complete instructions on verifying and calculating income from assets, including acceptable forms of verification.

From the third-party verification forms obtained from each asset source, list the gross amount anticipated to be received during the twelve months from the effective date of the certification. List the respective household member number from Part II and complete a separate line for each member.

- Column (F): List the type of asset (i.e., checking account, savings account, etc.).
- Column (G): Enter "C" (for current, if the family currently owns or holds the asset) or "I" (for imputed, if the family has disposed of the asset for less than fair market value within two years of the effective date of (re)certification).
- Column (H): Enter the cash value of the respective asset.
- Column (I): Enter the anticipated annual income from the asset (i.e., savings account balance multiplied by the annual interest rate).
- TOTALS: Add the total of Columns (H) and (I), respectively.
- If the total in Column (H) is greater than \$5,000, you must do an imputed calculation of asset income. Enter the Total Cash Value, multiply by .40% and enter the amount in Column (J), Imputed Income.
- Box (K): Enter the greater of the total in Column (I) or (J).
- Box (L): Total Annual Household Income From all Sources. Add (E) and (K) and enter the total.
- Effective Date of Certification: Enter the effective date of the income certification corresponding to the total annual household income entered in Box L. If annual income certification is not required, this may be different from the effective date listed in Part I.
- Household Size at Certification: Enter the number of tenants corresponding to the total annual household income entered in Box L. If annual income certification is not required, this may be different from the number of tenants listed in Part II.

HOUSEHOLD CERTIFICATION AND SIGNATURES

After all verifications of income and/or assets have been received and calculated, each household member age 18 or older must sign and date the Tenant Income Certification. For move-in, it is required that the Tenant Income Certification be signed no earlier than 5 days prior to the effective date of the certification.

Part V – Determination of Income Eligibility

- Total Annual Household Income from all Sources: Enter the number from item (L).
- Current Income Limit per Family Size: Enter the Current Maximum Move-in Income Limit for the household size.
- Household income at move-in:
Household size at move-in: For recertifications only. Enter the household income from the move-in certification.
On the adjacent line, enter the number of household members from the move-in certification.
- Household Meets Income: Check the appropriate box for the income restriction that the household meets according to

Restriction at: what is required by the set-aside(s) for the project.

Current Income Limit x 140%: For recertifications only. Multiply the Current Maximum Move-in Income Limit by 140% and enter the total. Below, indicate whether the household income exceeds that total. If the Gross Annual Income at recertification is greater than 140% of the current income limit, then the available unit rule must be followed.

Part VI – Rent

Tenant Paid Rent: Enter the amount the tenant pays toward rent (not including rent assistance payments such as Section 8).

Rent Assistance: Enter the amount of rent assistance, if any.

Utility Allowance: Enter the utility allowance. If the owner pays all utilities, enter zero.

Other non-optional charges: Enter the amount of non-optional charges, such as mandatory garage rent, storage lockers, charges for services provided by the development, etc.

Gross Rent for Unit: Enter the total of Tenant Paid Rent plus Utility Allowance and other non-optional charges.

Maximum Rent Limit for this unit: Enter the maximum allowable gross rent for the unit.

Unit Meets Rent Restriction at: Check the appropriate rent restriction that the unit meets according to what is required by the set-aside(s) for the project.

Part VII – Student Status

If all household members are full-time* students, check “yes.” If at least one household member is not a full-time student, check “no.”

If “yes” is checked, the appropriate exemption must be listed in the box to the right. If none of the exemptions apply, the household is not tax credit eligible.

**Full time is determined by the school the student attends.*

Part VIII – Program Type

Mark the program(s) for which this household’s unit will be counted toward the property’s occupancy requirements. Under each program marked, indicate the household’s income status as established by this certification/recertification. If the property does not participate in the HOME, Tax-Exempt Bond, Affordable Housing Disposition (AHDP) or other housing program, leave those sections blank.

Tax Credit: Mark the appropriate box indicating the household’s designation. If the property does not have any occupancy requirements in addition to those required by Section 42, mark the box that corresponds to the property’s minimum set aside. Upon re-certification, if the household’s income exceeds 140% of the income limitation imposed by Section 42, mark “OI”.

HOME: If the property participates in the HOME program and the unit this household will occupy will count towards the HOME program set-asides, mark the appropriate box indicating the household’s designation.

Tax Exempt: If the property participates in the Tax-Exempt Bond program, mark the appropriate box indicating the household’s designation.

AHDP: If the property participates in the Affordable Housing Disposition Program (AHDP), and this household’s unit will count towards the set-aside requirements, select the appropriate box to indicate if the household is a VLI,

LI or OI (at re-certification).

Other: If the property participates in any other affordable housing program, complete the information as appropriate.

SIGNATURE OF OWNER/REPRESENTATIVE

It is the responsibility of the owner or the owner's representative to sign and date this document immediately following execution by the resident(s).

The responsibility of documenting and determining eligibility (including completing and signing the Tenant Income Certification form) and ensuring such documentation is kept in the tenant file is extremely important and should be conducted by someone well-trained in tax credit compliance.

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.

TRUST ACCOUNT VERIFICATION

THIS SECTION TO BE COMPLETED BY TENANT AND EXECUTED BY MANAGEMENT

TO: _____
Name & Address of Financial Institution

Phone Number Fax Number

RE: _____
Applicant/Tenant Name

Social Security Number

Unit # (if assigned)

I hereby authorize release of my trust account information.

Signature of Applicant/Tenant Date

The individual named directly above is an applicant/tenant of a housing program that requires verification of income. The information provided will remain confidential and will be used solely for the purpose of determining eligibility for occupancy. Your prompt response is crucial and greatly appreciated.

Signature of Owner's Representative Date

Return Form To:

THIS SECTION TO BE COMPLETED BY FINANCIAL INSTITUTION

Trust Account Number: _____ Date Established: _____

Is the applicant the grantor or the beneficiary? Grantor Beneficiary Both

What type of trust is this? Revocable Irrevocable

Cash Value*: \$ _____ Market Value: \$ _____

*Cash Value is the current value less the cost to turn the asset into cash.

Does the applicant/tenant have access to the lump sum amount in the trust? Yes No

Is the applicant/tenant receiving periodic payments? Yes No If yes, what amount: \$ _____ Frequency: _____

Is the trust earning interest and/or dividends? Yes No If yes, what amount: \$ _____ / _____ % Frequency: _____

(this includes reinvested interest/dividends)

Please submit a copy of the Trust Agreement.

Additional Remarks: (please indicate any anticipated changes.) _____

Signature Printed Name & Title Date

Financial Institution Name and Address

Phone # Fax # E-mail

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.

UNDER \$5,000 ASSET CERTIFICATION

For households whose combined net assets do not exceed \$5,000.
Complete only one form per household; include assets of children.

Household Name: _____ Unit #: _____

Development Name: _____ BIN: _____

Complete all that apply for 1 through 4: *Please complete every line. If it does not apply, please write N/A.*

1. My/our assets include:

(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
\$ _____	_____ %	\$ _____	Certificates of Deposit	\$ _____	_____ %	\$ _____	Money Market Funds
\$ _____	_____ %	\$ _____	Stocks	\$ _____	_____ %	\$ _____	Bonds
\$ _____	_____ %	\$ _____	IRA Accounts	\$ _____	_____ %	\$ _____	401K Accounts
\$ _____	_____ %	\$ _____	Keogh Accounts	\$ _____	_____ %	\$ _____	Trust Funds
\$ _____	_____ %	\$ _____	Equity in Real Estate	\$ _____	_____ %	\$ _____	Land Contracts
\$ _____	_____ %	\$ _____	Lump Sum Receipts	\$ _____	_____ %	\$ _____	Capital investments
\$ _____	_____ %	\$ _____	Bitcoin/Cryptocurrency	\$ _____	_____ %	\$ _____	PayPal/Venmo, etc.
\$ _____	_____ %	\$ _____	GoFundMe/Crowdsourcing				
\$ _____	_____ %	\$ _____	Life Insurance Policies (excluding Term): _____				
\$ _____	_____ %	\$ _____	Other Retirement/Pension Funds not named above: _____				
\$ _____	_____ %	\$ _____	Personal Property Held as an Investment***: _____				
\$ _____	_____ %	\$ _____	Prepaid Debit Cards (ReliaCard, Direct Express, etc.): _____				
\$ _____	_____ %	\$ _____	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.

MUST CHECK BOX 2 OR 3.

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).
3. 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.
4. I/we do not have any assets at this time.

The net family assets (as defined in 24 CFR 813.102) above do not exceed \$5000 and the annual income from the net family assets \$ _____ . This amount is included in total gross annual income (Complete even if the amount is 0).

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

UNEMPLOYED AFFIDAVIT

This Affidavit is to be signed by each individual 18 years of age and older when no employment income for them is indicated on the Tenant Income Certification.

Check applicable statement:

- I am not presently employed and do not anticipate becoming employed within the next twelve (12) months.

- I am not presently employed, and not aware of an employment start date, but anticipate becoming employed within the next twelve (12) months. Based on my past work experience, skills, and income history, I expect to earn \$ _____ /year when I become employed.

- I am not presently employed, but am aware of an employment start date of _____ at \$ _____ per _____ (If amount is hourly, please provide number of hours per week, _____).

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

Signature of Applicant/Tenant

Printed Name

Date

VERIFICATION OF REGULAR CONTRIBUTION

THIS SECTION TO BE COMPLETED BY TENANT AND EXECUTED BY MANAGEMENT

TO: _____
Name & Address of person providing contributions

Phone Number Fax Number

RE: _____
Applicant/Tenant Name

Social Security Number

Unit # (if assigned)

I hereby authorize release of my information.

Signature of Applicant/Tenant Date

The individual named directly above is an applicant/tenant of a housing program that requires verification of income. The information provided will remain confidential and will be used solely for the purpose of determining eligibility for occupancy. Your prompt response is crucial and greatly appreciated.

Return Form To:

Signature of Owner's Representative Date

THIS SECTION TO BE COMPLETED BY PERSON PROVIDING REGULAR CONTRIBUTIONS

I hereby certify that effective: _____ (mm/dd/yy), I will contribute: _____ month/ week/ bi-monthly

to the support of: _____ who resides at: _____
(resident's name) (Address)

Additional Remarks: (please indicate any anticipated changes.) _____

Contributor's Signature Contributor's Printed Name Date

Contributor's Address

Phone # Fax # E-mail

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.

VERIFICATION OF SOCIAL SERVICES

THIS SECTION TO BE COMPLETED BY TENANT AND EXECUTED BY MANAGEMENT

TO: _____
Name & Address of Agency

Phone Number Fax Number

RE: _____
Applicant/Tenant Name

Social Security Number

Unit # (if assigned)

I hereby authorize release of my social services information. _____
Signature of Applicant/Tenant Date

The client named directly above has indicated that he or she is receiving income from your agency. The information provided will remain confidential and will be used solely for the purpose of determining eligibility for occupancy. Your prompt response is crucial and greatly appreciated.

Return Form To:

Signature of Owner's Representative Date

THIS SECTION TO BE COMPLETED BY AGENCY

Monthly payment from this Agency: _____
TANF/AFDC _____ General Assistance _____
Child Support Pass Through _____
Other _____
Other known income _____

Remarks-Please indicate any anticipated changes in:
1.) The monthly payment: _____
2.) The family status of the Applicant: _____

Social Worker's Signature Social Worker's Printed Name Date

Agency Name and Address

Phone # Fax # E-mail

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.

VERIFICATION OF UNEMPLOYMENT BENEFITS

THIS SECTION TO BE COMPLETED BY TENANT AND EXECUTED BY MANAGEMENT

TO: _____
Name & Address of Agency

Phone Number Fax Number

RE: _____
Applicant/Tenant Name

Social Security Number

Unit # (if assigned)

I hereby authorize release of my unemployment information.

Signature of Applicant/Tenant

Date

The individual named directly above has indicated that he or she is receiving benefits from your agency and is an applicant/tenant of a housing program that requires verification of income. The information provided will remain confidential and will be used solely for the purpose of determining eligibility for occupancy. Your prompt response is crucial and greatly appreciated.

Return Form To:

Signature of Owner's Representative

Date

THIS SECTION TO BE COMPLETED BY APPROPRIATE AGENCY

Gross weekly payment to client \$ _____

Beginning date of payment _____

Ending date, if known _____

Is this client entitled to an extension of benefits? YES NO

If yes, for how long? _____

Signature

Printed Name & Title

Date

Agency's Name and Address

Phone #

Fax #

E-mail

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.

LEASE ADDENDUM

VIOLENCE AGAINST WOMEN AND JUSTICE DEPARTMENT REAUTHORIZATION ACT OF 2005

TENANT	LANDLORD	UNIT NO. & ADDRESS
--------	----------	--------------------

This lease addendum adds the following paragraphs to the Lease between the above referenced Tenant and Landlord.

Purpose of the Addendum

The lease for the above referenced unit is being amended to include the provisions of the Violence Against Women and Justice Department Reauthorization Act of 2005 (VAWA).

Conflicts with Other Provisions of the Lease

In case of any conflict between the provisions of this Addendum and other sections of the Lease, the provisions of this Addendum shall prevail.

Term of the Lease Addendum

The effective date of this Lease Addendum is _____. This Lease Addendum shall continue to be in effect until the Lease is terminated.

VAWA Protections

1. The Landlord may not consider incidents of domestic violence, dating violence or stalking as serious or repeated violations of the lease or other "good cause" for termination of assistance, tenancy or occupancy rights of the victim of abuse.
2. The Landlord may not consider criminal activity directly relating to abuse, engaged in by a member of a tenant's household or any guest or other person under the tenant's control, cause for termination of assistance, tenancy, or occupancy rights if the tenant or an immediate member of the tenant's family is the victim or threatened victim of that abuse.
3. The Landlord may request in writing that the victim, or a family member on the victim's behalf, certify that the individual is a victim of abuse and that the Certification of Domestic Violence, Dating Violence or Stalking, Form HUD-91066, or other documentation as noted on the certification form, be completed and submitted within 14 business days, or an agreed upon extension date, to receive protection under the VAWA. Failure to provide the certification or other supporting documentation within the specified timeframe may result in eviction.

Tenant

Date

Landlord

Date

Voluntary Race, Ethnicity & Disability Data Reporting Form

Nebraska Investment Finance Authority (NIFA) requests this information in order to comply with Housing and Economic Recovery Act of 2008 which requires annual reporting of certain information to the United States Department of Housing and Urban Development. Although NIFA would appreciate receiving this information, you may choose not to provide it. You will not be discriminated against on the basis of this information, or on whether or not you choose to provide it. If you do not wish to provide this information, please check the box and initial below.

Resident/Applicant: I do not wish to furnish information regarding race, ethnicity and disability. (Initials) _____

See reverse side for Race, Ethnicity & Disability definitions. **Enter both Ethnicity and Race codes for each household member.**

Name of Property

Property Address

Name of Owner/Managing Agent

Unit #

***More than one race may be checked for each household member**

	Last Name	First Name	Race:	American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White	Ethnicity:	Hispanic or Latino	Not-Hispanic or Latino	Disabled? Y/N
1												
2												
3												
4												
5												
6												
7												
8												

Signature

Date

DEFINITIONS

Racial Categories

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

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

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

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

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

Ethnicity Categories

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

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

Disabled?

1. Enter Yes if any member of the household is disabled according to Fair Housing Act definition for handicap (disability):
 - a. A physical or mental impairment which substantially limits one or more major life activities; a record of such impairment; or being regarded as having such an impairment. For a definition of "physical or mental impairment" and other term used in this definition, please see 24 CFR 100.201, available at <http://www.fairhousing.com/index.cfm?method=page.display&pageID=465>.
 - b. "Handicap" does not include current, illegal use of or addiction to a controlled substance.
 - c. An individual shall not be considered to have a handicap solely because that individual is a transvestite.
2. The housing credit agency administering its low-income housing credit program must, to the best of its ability, provide this disability status information, pursuant to 42 U.S.C. 1437z-8. However, it is the tenant's voluntary choice whether to provide such information and questions to the tenant requesting the information must so state. If the tenant declines to provide the information, the housing credit agency shall use its best efforts to provide the information, such as by noting the appearance of a physical disability that is readily apparent and obvious, or by relying on a past year's information. For purposes of gathering this information, no questions with respect to the nature or severity of the disability are appropriate.
3. Enter No if no member of the household is disabled

WORK ORDER/SERVICE REQUEST

Date: _____ Time: _____

Property Name: _____

Tenant(s) Name: _____

Address/Unit #: _____

Description on work needed: _____

TO BE COMPLETED BY MAINTENANCE/REPAIR PERSON:

Description of work performed: _____

Completed By (signature): _____ Date Completed: _____

Start Time: _____ End Time: _____ # of Hours: _____

WORKERS COMPENSATION VERIFICATION

THIS SECTION TO BE COMPLETED BY TENANT AND EXECUTED BY MANAGEMENT

TO: _____
Employer [company] Name & Address

Phone Number Fax Number

RE: _____
Applicant/Tenant Name

Social Security Number

Unit # (if assigned)

I hereby authorize release of my workers compensation information.

Signature of Applicant/Tenant Date

The individual named directly above has indicated that he or she is receiving payment for you and is an applicant/tenant of a housing program that requires verification of income. The information provided will remain confidential and will be used solely for the purpose of determining eligibility for occupancy. Your prompt response is crucial and greatly appreciated.

Signature of Owner's Representative Date

Return Form To:

THIS SECTION TO BE COMPLETED BY APPROPRIATE AGENCY

Weekly Monthly Payments to Employee \$ _____

Weeks or amount still to be paid _____

Effective Date _____ Ending Date, if known _____

Additional Remarks: (please indicate any anticipated changes.) _____

Signature Printed Name & Title Date

Agency's Name and Address

Phone # Fax # E-mail

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.