

RENTAL APPLICATION

Noblesville HAND Communities

PERSONAL INFORMATION				
Full name of applicant		Home phone number		Date of birth
Age				
Social Security #	Drivers license #	State issued	Marital status (check one) Single <input type="checkbox"/> (Never Been Married) Married <input type="checkbox"/>	
Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/>				
Applicant Email:			Applicant Cell phone number	
Name of All other Occupants		Date of Birth	Age	Social Security #
Relationship to Applicant				
HOUSING INFORMATION MUST HAVE 2 YEARS OF CONTINUOUS HISTORY.				
Applicant's Present Address (check one) <input type="checkbox"/> Apartment <input type="checkbox"/> Leased Home <input type="checkbox"/> Own Home <input type="checkbox"/> Other:				
Street Address		Apt. #	City	State and Zip
Landlord/mortgage company		Monthly rent or mortgage \$		Dates: From: / / To: / /
Address of landlord/mortgage company		Landlord/mortgage company phone #		Is landlord a relative? Yes <input type="checkbox"/> No <input type="checkbox"/> Relationship:
Is your lease/mortgage in any other name? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain and provide name.			What is your reason for moving?	
Applicant's Previous Address (check one) <input type="checkbox"/> Apartment <input type="checkbox"/> Leased Home <input type="checkbox"/> Own Home <input type="checkbox"/> Other:				
Street Address		Apt. #	City	State and Zip
Landlord/mortgage company		Monthly rent or mortgage \$		Dates: From: / / To: / /
Address of landlord/mortgage company		Landlord/mortgage company phone #		Is landlord a relative? Yes <input type="checkbox"/> No <input type="checkbox"/> relationship
Was your lease/mortgage in any other name? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain and provide name.			What is your reason for moving?	
Applicant's Previous Address (check one) <input type="checkbox"/> Apartment <input type="checkbox"/> Leased Home <input type="checkbox"/> Own Home <input type="checkbox"/> Other:				
Street Address		Apt. #	City	State and Zip
Landlord/mortgage company		Monthly rent or mortgage \$		Dates: From: / / To: / /
Address of landlord/mortgage company		Landlord/mortgage company phone #		Is landlord a relative? Yes <input type="checkbox"/> No <input type="checkbox"/> relationship
Is your lease/mortgage in any other name? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain and provide name.			What is your reason for moving?	



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Noblesville HAND Communities

APARTMENT REQUIREMENTS AND OTHER MATERIAL INFORMATION		
Number of bedrooms needed?	Date you are needing an apartment?	Where did you hear about us?
1. Do you or does any member of your household have a condition that requires special needs? <input type="checkbox"/> a separate bedroom <input type="checkbox"/> 1 level apt – must have ground floor no stairs <input type="checkbox"/> 1 level apt – no stairs in unit but 2nd or 3rd floor ok <input type="checkbox"/> vision-impaired <input type="checkbox"/> hearing impaired <input type="checkbox"/> disabled parking space <input type="checkbox"/> physical modifications to apt <input type="checkbox"/> live in aid <input type="checkbox"/> service animal		Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Will you be receiving Section 8 rental assistance? If 'yes' list Agency Name, contact person and phone number.		Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Does an adult of this household have primary physical custody of every child listed on this application? If not - Explain:		Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable <input type="checkbox"/>
4. Is there anyone living with you now who won't be living with you at this property? Who? / Explain:		Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Do you expect any additions to your household within the next twelve months? Who? / Explain:		Yes <input type="checkbox"/> No <input type="checkbox"/>
6. Are there any absent household members who under normal conditions would live with you? Who? / Explain:		Yes <input type="checkbox"/> No <input type="checkbox"/>
7. Does your household have or anticipate having any pets other than those used as service animal? Describe:		Yes <input type="checkbox"/> No <input type="checkbox"/>
8. Have you or any one else named on this application filed for bankruptcy? Explain (provide dates):		Yes <input type="checkbox"/> No <input type="checkbox"/>
9. Have you or any one else named on this application been convicted of a felony? Explain:		Yes <input type="checkbox"/> No <input type="checkbox"/>
10. Are you or any one else named on this application subject to a lifetime state sex offender registration program in any state? Explain:		Yes <input type="checkbox"/> No <input type="checkbox"/>
11. Please list all states in which you and your household members have lived.		
12. Have you or any one else named on this application been convicted of dealing or manufacturing illegal drugs? Explain:		Yes <input type="checkbox"/> No <input type="checkbox"/>
13. Have you or any one else named on this application had legal action taken against you for nonpayment of a bill? Explain:		Yes <input type="checkbox"/> No <input type="checkbox"/>
14. Have you or any one else named on this application broken a rental agreement or lease contract? Explain:		Yes <input type="checkbox"/> No <input type="checkbox"/>
15. Have you or any one else named on this application been sued for property damage? Explain:		Yes <input type="checkbox"/> No <input type="checkbox"/>
16. Have you or any one else named on this application been evicted or asked to move from a rental unit of any type including an apartment, home, mobile home or trailer ? Explain:		Yes <input type="checkbox"/> No <input type="checkbox"/>

MISCELLANEOUS INFORMATION				
How many autos would you keep at this property?				
Make	Model	Year	Color	License # and State
In case of emergency, notify:	Work phone #	Home phone #	Relationship	
Street Address:	City/State/Zip:	In the event of serious illness or death of resident, the above person may <input type="checkbox"/> or may not <input type="checkbox"/> enter, remove and/or store all contents found in the dwelling, common areas, or mailbox.		

APPLICATION FEE & SIGNATURE CLAUSE

Applicant has submitted the sum of \$ 30.00 which is a non-refundable payment for cost of screening, receipt of which is acknowledged by Management. Such sum is not a rental payment. In the event this application is disapproved by Management or canceled by the applicant, this sum will be retained by Management to cover the cost of processing the application as furnished by the applicant. This application along with an applicant questionnaire completed by each adult in the household must be completed in total and signed before it will be processed by Management.

I certify that answers given herein are true and complete to the best of my knowledge. I authorize verification or investigation of all statements contained in this application via consumer credit reports, rental history reports, criminal history reports and other means. Such authorization does not require the owner or its agents to make verifications or investigations. Failure to answer any of the above inquires shall entitle owner to reject this application. False information given above shall entitle owner to (1) reject this application, (2) retain the application fee(s) and deposit(s) as liquidated damages for owner's time and expenses of processing this application, and (3) terminate resident's right of occupancy. Owner reserves the right to regularly and routinely furnish information to consumer reporting agencies about performance of lease obligations by residents. Such information may be reported at any time and may include both favorable and unfavorable information regarding a resident's compliance with the lease, rules, and financial obligations. Owner and/or Property Manager have no duty to provide emergency care or give notice of emergency to any person and shall not be liable to applicant, Resident, any occupant, or any guest for failure to do so.

THIS APPLICATION IS NOT A RENTAL AGREEMENT, CONTRACT OR LEASE. ALL APPLICATIONS ARE SUBJECT TO THE APPROVAL OF THE OWNER OR MANAGING AGENT.

Signature of Applicant

Date



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INCOME CERTIFICATION QUESTIONNAIRE

(*NOTE: A separate questionnaire must be completed by each adult member of the household)

NAME: _____

☐ Initial Certification ☐ Recertification ☐ Addition of Household Member**RENTAL ASSISTANCE****YES NO**

1. <input type="checkbox"/> <input type="checkbox"/>	I receive Section 8 Housing Choice Voucher rental assistance. If yes, list the housing authority below. Housing Authority Name _____	Note: This is not counted as household income.
2. <input type="checkbox"/> <input type="checkbox"/>	I receive another form of federal or state rental assistance (not Section 8). If yes, list the housing authority or entity that provides the rental assistance below. Program Name _____ Organization providing rental assistance _____	Note: This is not counted as household income.

INCOME INFORMATION

Include all income sources, including unearned income of minors.

YES NO**MONTHLY GROSS INCOME**

3. <input type="checkbox"/> <input type="checkbox"/>	I am self-employed. (List nature of self-employment). This includes but is not limited to: 1099-contractors, rideshare companies (e.g., Uber, Lyft), app-based delivery services (e.g., DoorDash, Grubhub, Shipt, etc.), other gig economy jobs, multi-level marketing companies (e.g., Mary Kay, Total Life Changes, Avon, etc.), social media income (e.g., YouTube, TikTok, etc.), etc. List types: 1) _____ 2) _____	(Use <u>net</u> income from business) \$ _____ \$ _____
4. <input type="checkbox"/> <input type="checkbox"/>	I have a job and receive the following types of pay. Include income earned as a seasonal worker or day laborer. Check all that apply: <input type="checkbox"/> Wages <input type="checkbox"/> Salary <input type="checkbox"/> Overtime pay <input type="checkbox"/> Commissions <input type="checkbox"/> Tips (reported) <input type="checkbox"/> Cash tips (not reported or disclosed) <input type="checkbox"/> Bonuses <input type="checkbox"/> Other compensation List the businesses and/or companies that pay you: <u>Name of Employer</u> 1) _____ 2) _____	 \$ _____ \$ _____



YES NO

MONTHLY GROSS INCOME

5. <input type="checkbox"/> <input type="checkbox"/>	<p>I receive recurring cash contributions or gifts from persons not living with me, including but not limited to payments for rent, utilities, cell phone, transportation, etc. *Do not count birthday or holiday gifts or nonmonetary items received from a food bank or similar organization.</p> <p><u>Name of Person Providing Contribution</u></p> <p>1) _____</p> <p>2) _____</p>	<p>\$ _____</p> <p>\$ _____</p>
6. <input type="checkbox"/> <input type="checkbox"/>	I receive unemployment benefits.	\$ _____
7. <input type="checkbox"/> <input type="checkbox"/>	I receive Veteran's Administration, GI Bill, or National Guard/Military benefits/income.	\$ _____
8. <input type="checkbox"/> <input type="checkbox"/>	I receive periodic Social Security, Supplemental Social Security Income (SSI), or Social Security Disability Insurance (SSDI) payments	\$ _____
9. <input type="checkbox"/> <input type="checkbox"/>	The household receives <u>unearned</u> income from family members age 17 or under (example: Social Security, Trust Fund disbursements, etc.).	\$ _____
10. <input type="checkbox"/> <input type="checkbox"/>	I receive disability or death benefits other than Social Security.	\$ _____
11. <input type="checkbox"/> <input type="checkbox"/>	I receive periodic payment from lottery winnings.	\$ _____
12. <input type="checkbox"/> <input type="checkbox"/>	<p>I receive Public Assistance Income (examples: TANF)</p> <p>DO NOT INCLUDE FOOD STAMPS</p>	\$ _____
13. <input type="checkbox"/> <input type="checkbox"/>	<p>I receive child support payments through court order or other agreement.</p> <p>If yes, from how many persons do you receive support? _____</p>	<p>\$ _____</p> <p>(amount received)</p>
14. <input type="checkbox"/> <input type="checkbox"/>	I receive alimony/spousal maintenance payments	<p>\$ _____</p> <p>(amount received)</p>
15. <input type="checkbox"/> <input type="checkbox"/>	<p>I receive periodic payments from trusts, annuities, inheritance, retirement funds or pensions, insurance policies, or similar periodic payments or disbursements.</p> <p>If yes, list sources:</p> <p>1) _____</p> <p>2) _____</p>	<p>\$ _____</p> <p>\$ _____</p>
16. <input type="checkbox"/> <input type="checkbox"/>	I receive income from real or personal property.	<p>(Use <u>net</u> earned income)</p> <p>\$ _____</p>



YES NO 17. <input type="checkbox"/> <input type="checkbox"/>	I receive student financial assistance (Federal Pell Grants, Teach Grants, Federal Perkins Loans, other grants, scholarships, etc.). \$_____ per semester
18. <input type="checkbox"/> <input type="checkbox"/>	I am claiming zero income and will be required to complete a separate zero income certification form if my entire household is claiming zero income

ASSET INFORMATION

Include all asset sources, including assets of minors.

YES NO		INTEREST RATE	CASH VALUE
19. <input type="checkbox"/> <input type="checkbox"/>	I have a checking account(s). # Of accounts held _____ If yes, list bank(s) 1) _____ 2) _____ 3) _____	 	CURRENT BALANCE \$ _____ \$ _____ \$ _____
20. <input type="checkbox"/> <input type="checkbox"/>	I have a savings account(s). # Of accounts held _____ If yes, list bank(s) 1) _____ 2) _____ 3) _____	 	CURRENT BALANCE \$ _____ \$ _____ \$ _____
21. <input type="checkbox"/> <input type="checkbox"/>	I have a digital wallet service(s) (e.g., Apple Pay / Apple Cash, Cash App, PayPal, Venmo, etc.) # Of accounts held _____ If yes, list services(s) 1) _____ 2) _____ 3) _____	 	CURRENT BALANCE \$ _____ \$ _____ \$ _____
22. <input type="checkbox"/> <input type="checkbox"/>	I have a pay card for direct deposit of benefits or prepaid debit card(s). # Of cards held _____ 1) _____ 2) _____ 3) _____	 	CURRENT BALANCE \$ _____ \$ _____ \$ _____
23. <input type="checkbox"/> <input type="checkbox"/>	I have a revocable trust(s) If yes, list bank _____	 	



YES NO		INTEREST RATE	CASH VALUE
24. <input type="checkbox"/> <input type="checkbox"/>	I own real estate If yes, provide description: _____ I intend to: <input type="checkbox"/> Keep <input type="checkbox"/> Sell <input type="checkbox"/> Rent <input type="checkbox"/> Give Away <input type="checkbox"/> Foreclose		\$ _____
25. <input type="checkbox"/> <input type="checkbox"/>	I own stocks, bonds, or Treasury Bills If yes, list sources/bank names 1) _____ 2) _____ 3) _____	_____ % _____ % _____ %	\$ _____ \$ _____ \$ _____
26. <input type="checkbox"/> <input type="checkbox"/>	I hold cryptocurrency/digital currency (e.g., Bitcoin, Dogecoin, Ethereum, etc.) If yes, list currency types 1) _____ 2) _____ 3) _____	_____ % _____ % _____ %	\$ _____ \$ _____ \$ _____
27. <input type="checkbox"/> <input type="checkbox"/>	I have Certificates of Deposit (CD) or Money Market Account(s). # Of accounts held _____ If yes, list sources/bank names 1) _____ 2) _____ 3) _____	_____ % _____ % _____ %	\$ _____ \$ _____ \$ _____
28. <input type="checkbox"/> <input type="checkbox"/>	I have a whole life insurance policy. If yes, name of insurance company _____ If yes, how many policies _____		\$ _____
29. <input type="checkbox"/> <input type="checkbox"/>	I have cash on hand.		\$ _____
30. <input type="checkbox"/> <input type="checkbox"/>	I have received lottery winnings or other lump sum payments paid in one payment (not recurring periodic payments).		\$ _____
31. <input type="checkbox"/> <input type="checkbox"/>	I have disposed of assets (i.e., gave away money/assets) for less than fair market value in the past 2 years. If yes, list items and date disposed: 1) _____ 2) _____		\$ _____ \$ _____
32. <input type="checkbox"/> <input type="checkbox"/>	I have a safe deposit box at a financial institution. Name of institution: _____ Contents: _____ _____ _____		\$ _____



YES NO		INTEREST RATE	CASH VALUE
33. <input type="checkbox"/> <input type="checkbox"/>	I receive payments through a crowdfunding platform (e.g., GoFundMe)		CURRENT BALANCE \$ _____
34. <input type="checkbox"/> <input type="checkbox"/>	<p>I have other non-necessary personal property, including but not limited to, recreational vehicles or boats not needed for day-to-day transportation, expensive jewelry without religious or cultural value or which does not hold family significance, collectibles such as coins or stamps, equipment or machinery that is not used to generate income for a business, or items such as gems/precious metals, antiques, artwork etc.</p> <p>Do not include necessary personal property such as, but not necessarily limited to, vehicles relied on for transportation, furniture, carpets, linens, kitchenware, common appliances, common electronics, clothing, personal effects that are not luxury items such as toys or books, wedding and engagement rings, jewelry used in religious/cultural ceremonies, medical equipment and supplies, health care-related supplies, musical instruments used by the family, personal computers or tablets, phones, professional tools of trade, educational materials, equipment to accommodate persons with disabilities, or exercise equipment</p> <p>If yes, list type below:</p> <p>1) _____</p> <p>2) _____</p> <p>3) _____</p>		<p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p>
35. <input type="checkbox"/> <input type="checkbox"/>	I received a federal tax refund or refundable tax credit in the past 12 months.		AMOUNT RECEIVED \$ _____

UNDER PENALTIES OF PERJURY, I CERTIFY THAT THE INFORMATION PRESENTED ON THIS FORM 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 WILL RESULT IN THE DENIAL OF APPLICATION OR TERMINATION OF THE LEASE AGREEMENT.

PRINTED NAME OF APPLICANT/TENANT

SIGNATURE OF APPLICANT/TENANT

DATE



SPECIAL NEEDS CERTIFICATION

Head of Households Name: _____

Name of Household member with Special Need: _____

Our apartment community has made a commitment to IHCD to set-aside certain units for occupancy by households having Special Needs. Completion of this Questionnaire is optional. However, if your household does qualify to occupy one of the Special Needs Set-Aside Units and would like to be given preference for one of these units, this Questionnaire must be completed and documentation supporting the Special Need will be obtained. All households (whether Special Needs or not) will be required to meet all additional Resident Selection Criteria and Income Guidelines prior to being approved for residency at our Low Income Housing Tax Credit (LIHTC) Property.

☐ **I elect NOT to complete this form**

☐ **Disabled Person**

Pursuant to Indiana Code ("IC") 5-20-1-4.5, which defines disabled as "a person with a disability who, by reason of physical, mental, or emotional defect or infirmity, whether congenital or acquires by accident, injury, or disease, is totally or partially prevented from achieving the fullest attainable physical, social, economic, mental, and vocational participation in the normal process of living"

☐ **Homeless**

Homeless is defined as an individual or family that lacks a fixed, regular, and adequate nighttime residence; or an individual or family that has a primary nighttime residence that is (1) a supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill; (2) an institution that provides a temporary residence for individuals intended to be institutionalized; or (3) a public or private place not designated for or ordinarily used as, a regular sleeping accommodation for human beings. This term does not include any individual imprisoned or otherwise detained under an Act of the Congress or a State Law.

☐ **Single parent household**

☐ **Victims of domestic violence**

☐ **Abused children**

☐ **Persons with chemical addictions**

☐ **Elderly – Age 55 and older**

☐ **No member of our Household meets the above-described Special Need.**

Please provide the name, address, and phone number of the Doctor, Service Care Provider, Social Service Worker or other individual qualified to verify your Special Needs eligibility:

Name: _____ Phone Number: _____

Address: _____

Under penalties of perjury, I hereby certify that the information provided above is accurate and complete as of this date. I consent to release such information in order to comply with government regulations regarding allocation of affordable housing under the LIHTC program - Section 42 of the Internal Revenue Code and/or HUD affordable housing programs. I understand that providing false or misleading information under oath may subject me to criminal penalties. I fully understand the information requested and that any misrepresentation will be considered a material breach of the lease agreement and subject me to penalties including but not limited to immediate termination of lease.

Signature of Applicant/Resident

Date



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COVER SHEET

AUTHORIZATION TO RELEASE INFORMATION

Date: _____

Number of pages including cover sheet: _____

To be completed by office:

To: _____
Attn.: _____
Company: _____
Address: _____

Phone: _____
Fax: _____
Email: _____

From:

HAND Communities – Leasing Office
901 N Basil Lane
Sheridan, IN 46069

Phone: **317-758-5180**

Fax: **317-758-5434**

Email: HANDpropertiesinfo@herronmgmt.com

The undersigned individual(s) has applied for residency at our apartment community. The property is operated under HUD and/or the LIHTC program within Section 42 of the Internal Revenue Code which requires that we obtain written confirmation of the income of all applicants and other household members. To comply with Federal regulations requesting verification of all income, assets and allowances for residents of HUD and/or LIHTC housing, please complete the following form in full and return it to the sender at your earliest convenience.

The undersigned understands that, depending on program policies and requirements, previous or current information regarding me may be needed. Verifications and inquiries that may be requested include but are not limited to:

Credit and Criminal Activity	Identity and Marital Status	Residences and Rental Activity
Employment, Income, and Asset	Medical Allowances	Student Status

The groups or individuals that may be asked to release/verify the above information (depending on program requirements) include but are not limited to:

Courts and Post Offices	Past and Present Employers	Utility Companies
Law Enforcement Agencies	State Unemployment Agencies	Credit Providers and Bureaus
Medical Providers	Veterans Administration	Welfare Agencies
Retirement Systems	Social Security Administration	Internal Revenue Service
Banks and Other Financial Institutions	Previous Landlords (Including PHA's)	

I authorize the use of text messages (SMS) to contact me and/or provide me with information. I have the option to opt-out at any time.

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file in the management office and will stay in effect for two years from the date signed. I understand I have a right to review my file and correct any information that can be proven incorrect.

I, the undersigned hereby authorize the release of any information requested to determine my eligibility for HUD and/or IRS LIHTC Program.

To be completed by applicant

Applicant/Resident Name (Printed): _____

Social Security Number: _____ - _____ - _____

Authorizing Signature: _____

Date: _____



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NON-EMPLOYED STATUS CERTIFICATION

Applicant/Tenant Name: _____

I confirm that I am not now employed in any capacity and the following statements apply to my situation:

[]

- I am currently receiving unemployment benefits. [Management: Obtain third-party verification of benefits]

[]

- I do not receive unemployment compensation or other benefits as a result of my non-employment status.

[]

- I have been hired/am in the process of being hired and expect to begin employment with _____ on the _____ day of _____, _____. I anticipate earning \$ _____ over the next 12 months. [Management: Obtain third-party verification from new employer]

Additionally, I receive income from the sources listed below. Please mark all that apply:

1. [] Social Security, public assistance, pensions, veteran's benefits, or other benefits.
 2. [] Self-employment including but not limited to the sale of items such as Mary Kay, Tupperware, Avon, etc.
 3. [] Child support, spousal support (alimony), or regular recurring gifts from any person or agency.
 4. [] Other sources of income, please list: _____
 5. [] I do not receive income from any source.
-

I understand that this affidavit is made as part of the qualification procedure to determine eligibility for residency and that any misrepresentation herein will be considered a material breach of the lease agreement and subjects me to immediate eviction.

Under penalties of perjury, I certify the above representations to be true as of the date shown below.

Signature

Date



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CHILD or SPOUSAL SUPPORT CERTIFICATION

Please check the appropriate statements below. Multiple statements may apply, so read each option carefully. Indicate which child(ren) the statement applies to or indicate 'self' if the statement applies to you with regards to spousal support.

Part I: For applicants/tenants that are receiving child or spousal support:

- A. ☐ I am **court ordered to receive child support and/or spousal support**
- I receive \$_____ per _____ in support.
- The order is case number _____ in _____ County, State of _____
- This statement applies to the following children _____
- B. ☐ I am **not court ordered to receive child or spousal support, but receive payments through a non-court ordered private agreement.**
- I receive \$_____ per _____ in support.
- This private agreement is between myself and _____ (name of individual)
- This statement applies to the following children _____

Part II: For applicants/tenants that are not receiving child or spousal support:

- A. ☐ I am **not entitled (through court order or private agreement) to receive support for the following children:**
- _____
- B. ☐ I am **court ordered** to receive child support, spousal support, or other compensation but am not receiving payments:
- The order is case number _____ in _____ County, State of _____
- This statement applies to the following children _____

Under penalties of perjury, I hereby certify that the information provided above is accurate and complete as of this date. I consent to release such information in order to comply with government regulations regarding allocation of affordable housing. I understand that providing false or misleading information under oath may subject me to criminal penalties. I fully understand the information requested and that any misrepresentation will be considered a material breach of the lease agreement and subject me to penalties including but not limited to immediate termination of lease.

Signature of Applicant/Resident

Date



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UNDER \$50,000 ASSET CERTIFICATION

For households whose combined net assets does not exceed \$50,000. If net assets exceed \$50,000, assets must be third-party verified.

Complete only one form per household; include assets of children.

Household Name: _____

Complete all that apply for 1 through 4: If you do not have the asset listed, mark cash value as N/A. Do not leave blank spaces.

1. My/our assets include:

(A) Cash Value*	(B) Int. Rate	(C) Asset Income (A x B)	Source	(A) Cash Value*	(B) Int. Rate	(C) Asset Income (A x B)	Source
\$ _____	_____	\$ _____	Savings Account	\$ _____	_____	\$ _____	Checking Account
\$ _____	_____	\$ _____	Cash on Hand	\$ _____	_____	\$ _____	Safe Deposit Box
\$ _____	_____	\$ _____	Certificates of Deposit	\$ _____	_____	\$ _____	Money Market Funds
\$ _____	_____	\$ _____	Stocks	\$ _____	_____	\$ _____	Bonds
\$ _____	_____	\$ _____	Paycard	\$ _____	_____	\$ _____	Digital Wallet Account
\$ _____	_____	\$ _____	Lump Sum Receipts	\$ _____	_____	\$ _____	Revocable Trust
\$ _____	_____	\$ _____	Real Estate				
\$ _____	_____	\$ _____	Whole Life Insurance Policies (excluding Term)				
\$ _____	_____	\$ _____	Cryptocurrency / Virtual Currency:				
\$ _____	_____	\$ _____	Other** (list) _____				

PLEASE NOTE: Certain funds (e.g., trusts) 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.

Other non-necessary personal property includes, but is not limited to, recreational vehicles or boats not needed for day-to-day transportation, expensive jewelry without religious or cultural value or which does not hold family significance, collectibles such as coins or stamps, equipment or machinery that is not used to generate income for a business, or items such as gems/precious metals, antiques, artwork etc. Do **not include necessary personal property such as, but not necessarily limited to, vehicles relied on for transportation, furniture, carpets, linens, kitchenware, common appliances, common electronics, clothing, personal effects that are not luxury items such as toys or books, wedding and engagement rings, jewelry used in religious/cultural ceremonies, medical equipment and supplies, health care-related supplies, musical instruments used by the family, personal computers or tablets, phones, professional tools of trade, educational materials, equipment to accommodate persons with disabilities, or exercise equipment.

2. ☐ I/We have sold or given away assets within the past two (2) years, (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).

☐ 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.

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

4. **The net family assets (as defined in 24 CFR 5.603) listed above do not exceed \$50,000 and the annual income from these assets is \$ _____. This amount is included in total gross annual income.**

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

Applicant/Tenant	Date	Applicant/Tenant	Date
Applicant/Tenant	Date	Applicant/Tenant	Date
Applicant/Tenant	Date	Applicant/Tenant	Date
Applicant/Tenant	Date	Applicant/Tenant	Date



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Student Status Self-Certification For Rental Housing Tax Credit Program

***A separate form must be completed by each adult member of the household.**

Name: _____

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

A. _____ Household contains at least one occupant who is not a student, has not been a student, and will not be a student for five or more months during the current and/or upcoming calendar year (months need not be consecutive). If this item is checked, no further information is needed.

B. _____ Household contains all students, but is qualified because the following occupant(s) _____ is/are a part-time student(s). Documentation of part-time student status is required for at least one member of the household.

C. _____ Household contains all full-time students for five or more months during the current and/or upcoming calendar year (months need not be consecutive). If this item is checked, answer the questions below:

1-5, below must be circled (ONLY IF "C" IS CHECKED ABOVE):

1. Is at least one student receiving assistance under Title IV of the Social Security Act?
Yes / No
2. Was at least one student previously under the care and placement responsibility of the state agency responsible for administering foster care? (provide documentation of participation) **Yes / No**
3. Does at least one student participate in a program receiving assistance under the Job Training Partnership Act, Workforce Investment Act, or under other similar, federal, state or local laws? (attach documentation of participation) **Yes / No**
4. Household consists entirely of single parent(s) 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?
Yes / No
5. Are the students married and entitled to file a joint tax return? **Yes / No**

*Households composed entirely of full-time student 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.*

Tenant Signature: _____

Date: _____

Tenant Printed Name: _____



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Student Status Self-Certification For the HOME Investment Partnership Program

***A separate form must be completed by each adult member of the household.**

Name: _____

Check A or B, as applicable. A Student enrolled in an Institute of Higher Education as defined by the Higher Education Act of 1965- Amended 1998 which includes a proprietary institution of higher education, a postsecondary vocational institution, and an institution outside of the United States that is comparable to an institution of higher education as defined in Section 101 and has been approved by the Secretary for the purpose of title IV.

A. _____ Household does not contain an occupant that attends an institution of higher learning full or part-time. If this item is checked, no further information is needed.

B. _____ Household contains at least one occupant that attends an institution of higher learning full or part-time. If this item is checked, answer the questions below:

Mark with "X" if it applies to the student (ONLY IF "B" IS CHECKED ABOVE):

YES _____ NO _____ Student is under age 24 and is a dependent of the household

YES _____ NO _____ Student is age 24 or older

YES _____ NO _____ Student is a veteran of the United States Military

YES _____ NO _____ Student is married

YES _____ NO _____ Student is a parent with dependent child(ren)

YES _____ NO _____ Student is a person with a disability that was receiving Section 8 assistance prior to November 30, 2005

YES _____ NO _____ Student can prove independence from parents by demonstrating the following*:

- The parents did not claim the student on the most recent tax return; and
- The student has established a separate residence from parents for at least one year (not counting dorms and student housing) or meets the Department of education's definition of an independent student; and
- The student is of legal contract age to sign a lease under state law.

*Note: If claiming this exemption, student's parents must provide certification of whether or not they provide financial assistance to the student.

YES _____ NO _____ Student is not "independent" but his/her parents are income eligible for the HOME program based on the income limits for the county that the parents live in

Households composed of at least one student enrolled in higher learning that are income eligible and satisfy one or more of the above conditions are considered eligible. If all questions under Section B are marked NO, or verification does not support the exception indicated, the household is considered an ineligible student household.

Tenant Signature: _____

Date: _____

Tenant Printed Name: _____



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OUTREACH QUESTIONNAIRE – RESIDENT SERVICES

Name: _____

Our apartment community has made a commitment to IHCD to partner with service providers and organizations to offer programs that are tailored to the needs of the targeted tenants and encourage tenants to invest in the overall well-being of their household, neighborhood, multi-family community, and/or environment at no extra cost to the tenant. It is understood; that some classes and/or activities offered might require a minimal maintenance fee.

Please check the box for any services and / or programs you are interested in participating in:

- ☐ **211 Information and Referral**
- ☐ **Resource Coordination**
- ☐ **Clothing Pantry**
- ☐ **Smoking Cessation**
- ☐ **Coupons to local public and private facilities**
- ☐ **Blood Pressure screening**
- ☐ **Music Ministry**
- ☐ **Writers Group**
- ☐ **Stress Management**
- ☐ **Quarterly Resident Meetings**
- ☐ **Recycling Program**
- ☐ **Mentor Program**
- ☐ **Neighborhood Watch Program**
- ☐ **Financial Literacy**
- ☐ **Computer Training**
- ☐ **Credit Counseling**
- ☐ **Nutrition Classes**
- ☐ **Exercise Classes**
- ☐ **GED / Adult Education**
- ☐ **Art Classes**
- ☐ **Food Cultivation or Preparation**
- ☐ **Tax Preparation Assistance**
- ☐ **Medicaid Waivers**
- ☐ **Employment Services**
- ☐ **Meals on Wheels**
- ☐ **Transportation**
- ☐ **Parenting Classes / Early Childhood Development**
- ☐ **Adult Daycare / Eldercare**
- ☐ **Light Housekeeping**
- ☐ **I am not interested at this time.**

Signature of Applicant/Resident

Date



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Race and Ethnicity Data Reporting Form

One form per household, signed and dated by all adults. Form to be completed only after application has been accepted and household is approved. Information provided on this form will not affect determination of household eligibility for occupancy. Form is only necessary at initial move-in and then if household composition changes.

Head of Household (printed name): _____

Categories*	Select One	Head of Household	#2 Occupant	#3 Occupant	#4 Occupant	#5 Occupant	#6 Occupant	#7 Occupant	#8 Occupant
Name of HH Member									
Ethnic Categories: Select one per household member (definitions can be found on Page 2)									
Hispanic or Latino									
Not-Hispanic or Latino									
Race Categories: Select all that apply per household member (definitions can be found on Page 2)									
American Indian or Alaska Native									
Asian									
Black or African American									
Native Hawaiian or Other Pacific Islander									
White									

☐ By checking this box, I choose to not complete this form. There is no penalty for persons who do not complete the form.

Signature

Date

Signature

Date

Signature

Date

Signature

Date

Signature

Date

Signature

Date



We encourage and support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, color, religion, sex, national origin, handicap or familial status.



Instructions for the Race and Ethnicity Data Reporting

A. General Instructions:

Owner and agents are required to offer the applicant/resident the option to complete the form. The form is to be completed after the household has been approved for move-in. In-place residents must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.

1. **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.”
2. **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.

2. The five racial categories to choose from are defined below: You should check as many as apply to you.

1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
2. **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
3. **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.”
4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.



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