

# RESIDENT ELIGIBILITY APPLICATION (REA)

Property Name: Oasis Unit #: \_\_\_\_\_

Household Name: \_\_\_\_\_  
 Current HH Size: \_\_\_\_\_ Effective Date of Certification: \_\_\_\_\_  
 Number of Bedrooms: \_\_\_\_\_ Original Certification Date: \_\_\_\_\_

Certification Type:  
 Initial Certification  
 Re-Certification

**THE FOLLOWING SECTION IS TO BE COMPLETED ENTIRELY BY THE APPLICANT/RESIDENT**

**DIRECTIONS:** Please complete the table below listing each member of the household. Include all members who you anticipate will live in the unit at least 50% of the time during the next 12 months.

\* This property has requested your Social Security number on this and other forms on behalf of the Washington State Housing Finance Commission. Internal Revenue Service regulations allow us to ask for this information. Your Social Security number will be used for income eligibility verification purposes only. Equivalent identification would be a Work Visa, Alien Registration Receipt Card, Temporary Resident Card, IRS Individual Taxpayer Identification Number (ITIN), or Employment Authorization Card. Failure to provide your Social Security number or equivalent number could hinder or delay this property's ability to review your application for housing.

\*\* A full-time student is anyone currently enrolled, expects to become enrolled or was previously enrolled for any part of 5 months in the calendar year. The five months need not be consecutive. Include grades K-12, college, university, technical, trade and mechanical schools. International students on a student visa are considered full-time students.

**HOUSEHOLD COMPOSITION:**

| Hshld Mbr | First Name | Last Name | MI    | Date of Birth<br>mm-dd-yyyy | SSN<br>*Last 4 digits | Student Status**   |
|-----------|------------|-----------|-------|-----------------------------|-----------------------|--|
| Head      | _____      | _____     | _____ | _____                       | _____                 | _____  |
| 2.        | _____      | _____     | _____ | _____                       | _____                 | <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A |
| 3.        | _____      | _____     | _____ | _____                       | _____                 | <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A |
| 4.        | _____      | _____     | _____ | _____                       | _____                 | <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A |
| 5.        | _____      | _____     | _____ | _____                       | _____                 | <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A |
| 6.        | _____      | _____     | _____ | _____                       | _____                 | <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A |
| 7.        | _____      | _____     | _____ | _____                       | _____                 | <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A |

Complete a separate section for each employment source

|                                     |        |  |                |                       |          |
|-------------------------------------|--------|--|----------------|-----------------------|----------|
| Household Member Name               |        | Occupation   |                | Employer Phone        |          |
| Name and Street Address of Employer |        |  | City           | State                 | Zip Code |
| Date Hired                          | Salary | <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly<br><input type="checkbox"/> Semi-monthly <input type="checkbox"/> Monthly<br><input type="checkbox"/> Yearly <input type="checkbox"/> Other _____ | Hours per week | Employer Fax or Email |          |

|                                     |        |  |                |                       |          |
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| Household Member Name               |        | Occupation   |                | Employer Phone        |          |
| Name and Street Address of Employer |        |  | City           | State                 | Zip Code |
| Date Hired                          | Salary | <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly<br><input type="checkbox"/> Semi-monthly <input type="checkbox"/> Monthly<br><input type="checkbox"/> Yearly <input type="checkbox"/> Other _____ | Hours per week | Employer Fax or Email |          |

Property Name: \_\_\_\_\_

Unit #: \_\_\_\_\_

Household Name: \_\_\_\_\_

Complete a separate section for each employment source

|                                     |        |  |                |                       |          |
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|-------------------------------------|--------|--|----------------|-----------------------|----------|
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| Date Hired                          | Salary | <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly<br><input type="checkbox"/> Semi-monthly <input type="checkbox"/> Monthly<br><input type="checkbox"/> Yearly <input type="checkbox"/> Other _____ | Hours per week | Employer Fax or Email |          |

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## RESIDENT ELIGIBILITY APPLICATION (REA)

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

Property Name: \_\_\_\_\_ Unit #: \_\_\_\_\_

Household Member Name: \_\_\_\_\_

HOUSEHOLD MEMBER: (please check one)       1 (Head)    2    3    4    5    6    7

### INCOME INFORMATION:

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

Property Name: \_\_\_\_\_ Unit #: \_\_\_\_\_

Household Member Name: \_\_\_\_\_

|     | Yes                      | No                       |  | Annual Gross Income  |
|-----|--------------------------|--------------------------|--|----------------------|
| 12. | <input type="checkbox"/> | <input type="checkbox"/> | I am receiving income from a pension, annuity, retirement fund, insurance policy payments, death benefits or Veteran's Benefits (not GI Bill benefits).<br>Source of Benefits:<br>a.) _____<br>b.) _____ | \$ _____<br>\$ _____ |
| 13. | <input type="checkbox"/> | <input type="checkbox"/> | I am receiving money regularly from family, church, friends, or any other form or regular/periodic income (such as rent and utility payments).   | \$ _____             |
| 14. | <input type="checkbox"/> | <input type="checkbox"/> | I receive rental income (attach signed tax return with Schedule E).  | \$ _____             |
| 15. | <input type="checkbox"/> | <input type="checkbox"/> | I hold a contract for real estate sold. If yes, provide a copy of the contract and an amortization schedule. (Only count interest portion of payment.)   | \$ _____             |
| 16. | <input type="checkbox"/> | <input type="checkbox"/> | I have income or sources of income, other than those listed above.<br>If yes, list type below:<br>a.) _____<br>b.) _____   | \$ _____<br>\$ _____ |

**ASSET INFORMATION:**

|     | Yes                      | No                       |  | Balance or Value     | Interest Earned      |
|-----|--------------------------|--------------------------|--|----------------------|----------------------|
| 17. | <input type="checkbox"/> | <input type="checkbox"/> | I have a checking account(s).<br>If yes, list bank(s)<br>a.) _____<br>b.) _____  | \$ _____<br>\$ _____ | \$ _____<br>\$ _____ |
| 18. | <input type="checkbox"/> | <input type="checkbox"/> | I have a savings account(s).<br>If yes, list bank(s)<br>a.) _____<br>b.) _____   | \$ _____<br>\$ _____ | \$ _____<br>\$ _____ |
| 19. | <input type="checkbox"/> | <input type="checkbox"/> | I have a Money Market account(s).<br>If yes, list sources/bank names<br>a.) _____<br>b.) _____   | \$ _____<br>\$ _____ | \$ _____<br>\$ _____ |
| 20. | <input type="checkbox"/> | <input type="checkbox"/> | I have treasury bills, certificate(s) of deposit (CDs), or stocks/bonds (NOT held in a retirement account).<br>If yes, list sources/bank names<br>a.) _____<br>b.) _____ | \$ _____<br>\$ _____ | \$ _____<br>\$ _____ |
| 21. | <input type="checkbox"/> | <input type="checkbox"/> | I have a trust fund.<br><input type="checkbox"/> Revocable <input type="checkbox"/> Non-Revocable<br>If yes, list bank(s)/trustee<br>_____                               | \$ _____             | \$ _____             |
| 22. | <input type="checkbox"/> | <input type="checkbox"/> | I have an IRA/Keogh Account/401K.<br>If yes, list financial entity(ies)<br>a.) _____   | \$ _____             | \$ _____             |
| 23. | <input type="checkbox"/> | <input type="checkbox"/> | I have a pension or annuity asset. (NOT receiving income currently.) If Yes List banks<br>a.) _____  | \$ _____             | \$ _____             |

Property Name: \_\_\_\_\_ Unit #: \_\_\_\_\_

Household Member Name: \_\_\_\_\_

|     | Yes                      | No                       |   | Balance or Value     | Interest Earned      |
|-----|--------------------------|--------------------------|---|----------------------|----------------------|
| 24. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> own <input type="checkbox"/> or am in the process of selling or<br><input type="checkbox"/> have sold real estate in the last 2 years. If yes, attach explanations and supporting documentation.               | \$ _____             | \$ _____             |
| 25. | <input type="checkbox"/> | <input type="checkbox"/> | I have a whole life or universal life insurance policy.<br>If yes, how many policies? _____   | \$ _____             | \$ _____             |
| 26. | <input type="checkbox"/> | <input type="checkbox"/> | I own personal property held strictly as investment assets (arts, coins, etc.) If "yes," attach appraisals.   | \$ _____             | \$ _____             |
| 27. | <input type="checkbox"/> | <input type="checkbox"/> | I have disposed of assets within the last two years for less than fair-market value. If "yes," attach explanation.  | \$ _____             | \$ _____             |
| 28. | <input type="checkbox"/> | <input type="checkbox"/> | I have online financial accounts, including but not limited to: Peer lending, real estate investing, robo investing, crypto currency. (Venmo, Pay Pal, Fundrise, Lending Club, Robinhood, Acorn, Stash, etc.)<br>a.) _____<br>b.) _____ | \$ _____<br>\$ _____ | \$ _____<br>\$ _____ |
| 29. | <input type="checkbox"/> | <input type="checkbox"/> | I have funds not held in a financial institution.   | \$ _____             | \$ _____             |
| 30. | <input type="checkbox"/> | <input type="checkbox"/> | I have assets other than those listed above.<br>If yes, list type below:<br>a.) _____<br>b.) _____  | \$ _____<br>\$ _____ | \$ _____<br>\$ _____ |

I understand that any changes to my household income and/or composition after the date of my signature but prior to initial occupancy must be disclosed immediately to management staff.

Under penalty of perjury, I certify that the information presented in this application is true and accurate to the best of my knowledge and belief. I further understand that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of the lease agreement and/or prosecution.

Signatures must be those of the Applicant/Resident, except where Power of Attorney (POA) documentation authorizes another individual to sign legal documents. If so, copies of current POA, government-issued photo ID, and address and phone number of the POA must be included in the certification.

\_\_\_\_\_  
Applicant/Resident Signature                      Print Applicant/Resident Name                      Date

I certify that I have observed the above-signed Applicant/Resident complete, sign, and date this document.

\_\_\_\_\_  
Property Representative Signature                      Print Property Representative Name                      Date

Reasonable Accommodation: If a third party is required to assist with the completion of this document, add their signature, printed name, relationship, phone number and date to the bottom of this page.

I certify that I have assisted the above-signed Applicant/Resident complete this document as a reasonable accommodation.

\_\_\_\_\_  
Third Party Signature                      Print Third Party Name                      Relationship                      Phone #                      Date

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Property Name: \_\_\_\_\_ Unit #: \_\_\_\_\_

Household Member Name: \_\_\_\_\_

HOUSEHOLD MEMBER: (please check one)       1 (Head)    2    3    4    5    6    7

### INCOME INFORMATION:

|     | Yes                      | No                         |  | Annual Gross Income                        |
|-----|--------------------------|----------------------------|--|--|
| 1.  | <input type="checkbox"/> | <input type="checkbox"/>   | I have a job or a verifiable start date within the next 12 months and receive wages, salary, overtime pay, commissions, fees, tips, bonuses, and/or other compensation:<br>Annual Gross Regular Wages/Salary<br>Annual Overtime<br>Annual Bonus/Commission/Tips                  | \$ _____<br>\$ _____<br>\$ _____           |
| 2.  | <input type="checkbox"/> | <input type="checkbox"/>   | I am presently employed at an additional job. (NOT self-employed)  | \$ _____                                   |
| 3.  | <input type="checkbox"/> | <input type="checkbox"/>   | I am self-employed. (Attach signed tax return and appropriate schedules)<br>Name of Business: _____  | \$ _____<br>(use net income from business) |
| 4.  | <input type="checkbox"/> | <input type="checkbox"/>   | I earn income from online sources (including but not limited to the following activities: video gaming, blogging, teaching, reselling items, paid surveys, investing (Twitch, YouTube, Amazon, E-Bay, Etsy, Swagbucks, etc.))<br>If YES: Explain _____                           | \$ _____                                   |
| 5.  | <input type="checkbox"/> | <input type="checkbox"/>   | I am receiving, have applied or will apply in the next 12 months: (check all that apply) <input type="checkbox"/> Social Security (SSA); <input type="checkbox"/> Supplemental Social Security (SSI); or <input type="checkbox"/> WA State (SSI).                                | \$ _____                                   |
| 6.  | <input type="checkbox"/> | <input type="checkbox"/>   | The household receives <i>unearned</i> income from family members age 17 or under (example: Social Security, trust fund disbursements, bank accounts, etc.).<br>Name of Member(s): _____   | \$ _____                                   |
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| 11. | <input type="checkbox"/> | <input type="checkbox"/>   | I am a member of the Armed Forces (Active, National Guard or Reserves).  | \$ _____                                   |

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Household Member Name: \_\_\_\_\_

|     | Yes                      | No                       |  | Annual Gross Income  |
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**Property Name:** \_\_\_\_\_ **Unit #:** \_\_\_\_\_

**Household Member Name:** \_\_\_\_\_

|     | Yes                      | No                       |  | Balance or Value | Interest Earned |
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| 25. | <input type="checkbox"/> | <input type="checkbox"/> | I have a whole life or universal life insurance policy.<br>If yes, how many policies? _____  | \$ _____         | \$ _____        |
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|     |                          |                          | a.) _____<br>b.) _____   | \$ _____         | \$ _____        |
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|     |                          |                          | a.) _____<br>b.) _____   | \$ _____         | \$ _____        |

**I understand that any changes to my household income and/or composition after the date of my signature but prior to initial occupancy must be disclosed immediately to management staff.**

**Under penalty of perjury, I certify that the information presented in this application is true and accurate to the best of my knowledge and belief. I further understand that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of the lease agreement and/or prosecution.**

*Signatures must be those of the Applicant/Resident, except where Power of Attorney (POA) documentation authorizes another individual to sign legal documents. If so, copies of current POA, government-issued photo ID, and address and phone number of the POA must be included in the certification.*

\_\_\_\_\_  
 Applicant/Resident Signature                                  Print Applicant/Resident Name                                  Date

I certify that I have observed the above-signed Applicant/Resident complete, sign, and date this document.

\_\_\_\_\_  
 Property Representative Signature                                  Print Property Representative Name                                  Date

**Reasonable Accommodation:** If a third party is required to assist with the completion of this document, add their signature, printed name, relationship, phone number and date to the bottom of this page.

I certify that I have assisted the above-signed Applicant/Resident complete this document as a reasonable accommodation.

\_\_\_\_\_  
 Third Party Signature                                  Print Third Party Name                                  Relationship                                  Phone #                                  Date



## AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

Property Name: \_\_\_\_\_ Unit: \_\_\_\_\_

As a condition of participating in an affordable housing program, I understand the property owner is required to initially and annually certify each resident's eligibility for such program. Consequently, I understand it is necessary for me to give authorization for specific income and asset information to be provided on one or more of the following forms:

- Employment Verification
- Social Security/Supplemental Security Income Benefits Verification
- Public Assistance Verification
- Unemployment Benefits Verification
- Military Pay Verification
- Pension Verification
- Annuity or Stock Verification
- Deposit Verification Request
- Student Status Verification
- Child Support verification (to be used if property management has their own form)

This Authorization is limited to the forms listed above and expires 180 days after the date of my signature below unless revoked in writing by me earlier. By my signature below, I authorize the representative individuals to disclose my specific income and asset information as requested on the forms above. No other information may be released without my express written authorization.

*Notice to applicant/resident: Do not sign this document unless the authorized management agent's signature appears at the bottom of this page.*

\_\_\_\_\_  
Signature of Applicant/Resident    Print Name of Applicant/Resident    Date

By the signature of its authorized management agent below, and in consideration for execution of this Authorization by the applicant/resident, property representative warrants the following:

1. Information requested on the above form is required and necessary to complete certification of the applicant/resident's eligibility to reside in the above housing property;
2. The information requested above will be used for no purpose other than determining such applicant/resident's eligibility; will be maintained as confidential personal information subject to disclosure only as required by proper administrative or judicial process, and will not be otherwise disclosed by the property owner or management; and
3. The property owner and management have instituted procedures that insure all personally identifiable information provided pursuant to this authorization will be maintained as (a) confidential personal information, (b) separate from that of other residents, and (c) using such physical and other security measures, including security measures for protection of records maintained in electronic or magnetic form, sufficient to protect such information from any unauthorized use, access, or disclosure.

\_\_\_\_\_  
Signature of Authorized Management Agent    Print name of Agent    Date

# AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

Property Name: \_\_\_\_\_ Unit: \_\_\_\_\_

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- > Student Status Verification
- > Child Support verification (to be used if property management has their own form)

This Authorization is limited to the forms listed above and expires 180 days after the date of my signature below unless revoked in writing by me earlier. By my signature below, I authorize the representative individuals to disclose my specific income and asset information as requested on the forms above. No other information may be released without my express written authorization.

*Notice to applicant/resident: Do not sign this document unless the authorized management agent's signature appears at the bottom of this page.*

\_\_\_\_\_  
Signature of Applicant/Resident                      Print Name of Applicant/Resident                      Date

By the signature of its authorized management agent below, and in consideration for execution of this Authorization by the applicant/resident, property representative warrants the following:

1. Information requested on the above form is required and necessary to complete certification of the applicant/resident's eligibility to reside in the above housing property;
2. The information requested above will be used for no purpose other than determining such applicant/resident's eligibility; will be maintained as confidential personal information subject to disclosure only as required by proper administrative or judicial process, and will not be otherwise disclosed by the property owner or management; and
3. The property owner and management have instituted procedures that insure all personally identifiable information provided pursuant to this authorization will be maintained as (a) confidential personal information, (b) separate from that of other residents, and (c) using such physical and other security measures, including security measures for protection of records maintained in electronic or magnetic form, sufficient to protect such information from any unauthorized use, access, or disclosure.

\_\_\_\_\_  
Signature of Authorized Management Agent                      Print name of Agent                      Date

## UNDER \$5,000 ASSET CERTIFICATION OR SWORN STATEMENT OF NET HOUSEHOLD ASSETS

Included for your use is a Sworn Statement of Net Household Assets ("Sworn Statement") with the Definition of Net Household Assets as described in 24 CFR 813.102. Revenue Procedure 94-65 of the Internal Revenue Code requires this form to be used by residents, whose net household assets are less than \$5,000, to meet the asset requirements of the tax credit program.

Owners and managers should be aware that this form is only to be used to satisfy requirements for income from assets. Furthermore, the owner and management company should be aware that you may not rely on this statement if a reasonable person in the owner's or management company's position would conclude the resident's asset income is higher than the annual asset income represented in the application. In this case, you must obtain other documentation of the resident's annual asset income to satisfy program requirements.

Each potential or existing qualified resident whose net household assets are less than \$5,000 is required to read and sign the Sworn Statement. **A copy of the Definition of Net Household Assets must be attached to the Sworn Statement.** The original signed statement must remain with your files.

The Commission will review the sworn statement and other income documentation for qualification and signatures when reviewing project documentation.

### DEFINITION OF NET HOUSEHOLD ASSETS 24 CFR 813.102

Net Household Assets means the cash value, after deducting reasonable costs, that would be incurred in disposing of real property, savings, stocks, bonds, and other forms of capital investments, excluding interests in Indian trust land and the equity in a housing cooperative unit or in a manufactured home in which the household resides. The value of necessary items of personal property such as furniture and automobiles shall be excluded. (In case where a trust fund has been established and the trust is not revocable by, or under the control of, any member of the family or household, the value of the trust fund will not be considered an asset so long as the fund continues to be held in trust. Any income distributed from the trust fund shall be counted when determining Annual Income under 813.106.) In determining net household assets, owners shall include the value of any business for household assets disposed of by an applicant or resident for less than fair-market value (including a disposition in trust, but not in a foreclosure or bankruptcy sale) during the two years preceding the date of application for the program or re-examination, as applicable, in excess of the consideration of a disposition as part of a separation received thereof. In the case of a disposition as part of a separation or divorce settlement, the disposition will not be considered to be for less than fair-market value if the applicant or resident receives important consideration not measurable in dollar terms.

|   |                   |
|---|-------------------|
| <hr/> <b>Applicant's/Resident's</b><br>Initial Here | <hr/> <b>Date</b> |
| <hr/> <b>Applicant's/Resident's</b><br>Initial Here | <hr/> <b>Date</b> |
| <hr/> <b>Applicant's/Resident's</b><br>Initial Here | <hr/> <b>Date</b> |

**UNDER \$5,000 ASSET CERTIFICATION OR  
SWORN STATEMENT OF NET HOUSEHOLD ASSETS**

(NOTE: If assets exceed \$5,000, interest/dividends from assets received must be verified.)

**Property Name:** \_\_\_\_\_ **Unit:** \_\_\_\_\_

\_\_\_\_\_  
Applicant's/Resident's Full Name

\_\_\_\_\_  
Applicant's/Resident's Full Name

\_\_\_\_\_  
Applicant's/Resident's Full Name

I/We do hereby swear under penalty of perjury that each of the following statements are true:

I/We have reviewed the definition of Net Household Assets attached to this statement. The definition is found in 24 Code of the Federal Regulations 813.102 (which provides definitions for the HUD Section 8 program.) I understand that Net Household Assets includes, but is not limited to, any monies in banks, credit union accounts, real estate, stocks or bonds, retirement funds, certificates of deposit, personal property such as coin collections, gems, jewelry or antiques used for investment.

**Please complete below:**

**My/Our Net Household Assets do not exceed \$5,000.  
The income I/We received from these assets is:**

\$ \_\_\_\_\_

\_\_\_\_\_  
Applicant's/Resident's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's/Resident's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's/Resident's Signature

\_\_\_\_\_  
Date

**HOUSING AUTHORITY**  
**Of the**  
**CITY OF OTHELLO**  
 335 n. 3<sup>rd</sup> , Othello, WA 99344

**AUTHORIZATION FOR RELEASE OF INFORMATION**

I authorize and direct any Federal, state, or local agency and any organization, business, or individual to release to the **OTHELLO HOUSING AUTHORITY** any information or materials needed to complete and verify my application for participation in, and/or to maintain my continued assistance under a subsidized housing program.

**INFORMATION COVERED**

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

|                             |  |
|-----------------------------|--|
| Identity and Marital Status | Employment, income from any source         |
| Medical or Child Care       | Assets of any kind, including              |
| Credit and Criminal History | assets disposed of within the last 2 years |
| Residences & Rental History |  |

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program.

**GROUPS OR INDIVIDUALS THAT MAY BE ASKED**

The groups or individuals that may be asked to release the above information include but not limited to:

|                                |                                |
|--------------------------------|--------------------------------|
| Previous Landlords             | Past & Present Employers       |
| Courts & Post Offices          | Welfare Agencies               |
| Schools & College              | State Unemployment Agencies    |
| Law Enforcement Agencies       | Social Security Administration |
| Support/Alimony Providers      | Medical & Child Care Providers |
| Veterans Administration        | Retirement Systems             |
| Banks & Financial Institutions |                                |
| Payees, Trustees               |                                |

**CONDITIONS**

I agree that a photocopy of this authorization may be used for the purposes state above. This authorization will stay in effect for a year and one month from the date signed.

|                              |                 |       |
|------------------------------|-----------------|-------|
| _____                        | _____           | _____ |
| Head of Household Signature  | Print Full Name | Date  |
| _____                        | _____           | _____ |
| Spouse/Co-head Signature     | Print Full Name | Date  |
| _____                        | _____           | _____ |
| Other Adult Member Signature | Print Full Name | Date  |
| _____                        | _____           | _____ |
| Other Adult Member Signature | Print Full Name | Date  |

**HOUSING AUTHORITY  
OF THE  
CITY OF OTHELLO**

335 N. 3<sup>rd</sup>, Othello, WA 99344

Date \_\_\_\_\_

**AUTHORIZATION FOR THE RELEASE OF INFORMATION**

I, \_\_\_\_\_ and \_\_\_\_\_ the \_\_\_\_\_ undersigned consent to allow the Housing Authority of the City of Othello to request information and the Washington State Patrol to obtain and release any information to OHA pertaining to contacts, Arrests, conviction and any other information available to aid OHA in determining the undersigned person/persons suitability for assisted housing.

Information obtained under this release will be used solely by OHA staff to determine suitability for assisted housing and will be held confident.

\_\_\_\_\_  
Print Full Name

\_\_\_\_\_  
Birth date

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Full Name

\_\_\_\_\_  
Birth date

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Full Name

\_\_\_\_\_  
Birth date

\_\_\_\_\_  
Social Security#

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness/OHA Staff

**HOUSING AUTHORITY**  
**Of the**  
**CITY OF OTHELLO**  
 335 n. 3<sup>rd</sup>, Othello, WA 99344

Date \_\_\_\_\_

**AUTHORIZATION FOR THE RELEASE OF INFORMATION**  
**MINOR CHILD**

I, \_\_\_\_\_ (Parent/Guardian), consent to allow the Housing Authority of the City of Othello to request information and the Juvenile Court Services to obtain and release any information to OHA pertaining to contacts, Arrests, conviction and any other information available to aid OHA in determining the undersigned person/persons suitability for assisted housing.

Information obtained under this release will be used solely by OHA staff to determine suitability for assisted housing and will be held confident.

\_\_\_\_\_  
 Parent/Guardian Signature

|                      |                     |                            |
|----------------------|---------------------|----------------------------|
| _____<br>Minor Child | _____<br>Birth date | _____<br>Social Security # |
| _____<br>Minor Child | _____<br>Birth date | _____<br>Social Security # |
| _____<br>Minor Child | _____<br>Birth date | _____<br>Social Security # |
| _____<br>Minor Child | _____<br>Birth date | _____<br>Social Security # |
| _____<br>Minor Child | _____<br>Birth date | _____<br>Social Security # |
| _____<br>Minor Child | _____<br>Birth date | _____<br>Social Security # |

\_\_\_\_\_  
 Witness/OHA Staff

|                     |                                  |
|---------------------|----------------------------------|
| _____<br>Child name | _____<br>Offense/Conviction/Date |
| _____<br>Child name | _____<br>Offense/Conviction/Date |
| _____<br>Child name | _____<br>Offense/Conviction/Date |

\_\_\_\_\_  
 Juvenile Court Staff

RECORD OF CRIMINAL CONVICTION

Have you or anyone in your household ever been convicted for crimes other than minor traffic such as speeding?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes indicate who \_\_\_\_\_

Offense \_\_\_\_\_ Date \_\_\_\_\_

OTHER

Have you ever been evicted from any previous housing or been asked to move by the landlord, manager, etc?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain \_\_\_\_\_

Have you ever lived in a subsidized unit or rented from the Housing Authority of Othello?  
Yes \_\_\_\_\_ No \_\_\_\_\_ Where \_\_\_\_\_ When \_\_\_\_\_

GIVE LAST PLACES OF RESIDENCE (TOTALING 2 YEARS)

Current address: \_\_\_\_\_

Landlord's name: \_\_\_\_\_

Landlord's address: \_\_\_\_\_

Phone# \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Rent Amount \$ \_\_\_\_\_

\*\*Former Address: \_\_\_\_\_

Landlord's name: \_\_\_\_\_

Landlord's address: \_\_\_\_\_

Phone# \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Rent Amount \$ \_\_\_\_\_

\*\*Former Address: \_\_\_\_\_

Landlord's name: \_\_\_\_\_

Landlord's address: \_\_\_\_\_

Phone# \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Rent Amount \$ \_\_\_\_\_

EMPLOYMENT

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone # \_\_\_\_\_ Position Held: \_\_\_\_\_ Wages: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone # \_\_\_\_\_ Position Held: \_\_\_\_\_ Wages: \_\_\_\_\_

CONTACT PERSON (Message)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone# \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**THIS FORM TO BE COMPLETED BY APPLICANT/RESIDENT**

You have applied for, or currently reside in, a rental housing unit located in a development operating under the "Low-Income Housing Tax Credit" (LIHTC) Program of Section 42 of the Internal Revenue Code. The collection of certain resident data is authorized by the Housing & Economic Recovery Act of 2008, and will be furnished to the U.S. Department of Housing & Urban Development (HUD). Each household must be offered the opportunity to disclose their race, ethnicity, and disability status. Parents/guardians are asked to disclose on behalf of all children in the household who are under the age of 18. There is no penalty for those households who do not wish to provide the requested information. However, all adult members (18 years or older) must sign/date at the bottom of this form as proof that the option to disclose was made available.

**The following racial and ethnic definitions are modeled after the OMB-approved form, "Race and Ethnic Data Reporting Form" (HUD-27061), used by the U.S. Department of Housing and Urban Development (HUD):**

**A. Household members can select one or more of the following applicable racial definitions:**

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

**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."

**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.

**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.

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

**B. Household members can select one of the following applicable ethnic definitions:**

**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.

***The following definition of "disabled" comes directly from the Fair Housing Act:***

**C. Per the Fair Housing Act, the definition of disabled is:**

- 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&pagename=regs\\_fhr\\_100-201](http://www.fairhousing.com/index.cfm?method=page.display&pagename=regs_fhr_100-201).
- "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.

# HOUSEHOLD DEMOGRAPHICS

Property Name: \_\_\_\_\_ Unit #: \_\_\_\_\_

Household Name: \_\_\_\_\_

| HOUSEHOLD COMPOSITION |            |           |    |                                     |                          |                          |                          |                          |                          |                          |
|-----------------------|------------|-----------|----|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Mbr #                 | FIRST NAME | LAST NAME | MI | RELATIONSHIP TO HEAD-OF-HOUSEHOLD   |                          |                          |                          |                          |                          |                          |
|                       |            |           |    | Head                                | Spouse                   | Adult Co-Resident        | Child                    | Foster Child/Adult       | Live-in Caretaker        | Other                    |
| 1                     |            |           |    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2                     |            |           |    | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3                     |            |           |    | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4                     |            |           |    | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5                     |            |           |    | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6                     |            |           |    | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7                     |            |           |    | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| (A) RACIAL CATEGORIES*                          |                          |                          |                          |                          |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Check ALL that apply for each household member. |                          |                          |                          |                          |                          |                          |                          |
|   | HOH Member #1            | Member #2                | Member #3                | Member #4                | Member #5                | Member #6                | Member #7                |
| White   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Black or African American                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| American Indian or Alaska Native                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Asian   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Native Hawaiian or Other Pacific Islander       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Choose Not to Disclose                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| (B) ETHNIC CATEGORIES*               |                          |                          |                          |                          |                          |                          |                          |
|--------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Check one for each household member. |                          |                          |                          |                          |                          |                          |                          |
|                                      | HOH Member #1            | Member #2                | Member #3                | Member #4                | Member #5                | Member #6                | Member #7                |
| Hispanic or Latino                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Not Hispanic or Latino               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Choose Not to Disclose               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| (C) DISABILITY STATUS*   |                          |                          |                          |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|  | HOH Member #1            | Member #2                | Member #3                | Member #4                | Member #5                | Member #6                | Member #7                |
| Are any household members disabled according to the Fair Housing Act? If "Yes," check box. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are any household members disabled according to the Fair Housing Act? If "No," check box.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Choose Not to Disclose   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**\*Please refer to the attached page for definitions of race, ethnicity, and disability.**

Reasonable Accommodation: If a third party is required to assist with the completion of this document, add their signature and date, printed name, relationship and phone number to the bottom of this page.

|                             |      |                     |      |
|-----------------------------|------|---------------------|------|
| Head of Household Signature | Date | Member #2 Signature | Date |
| Member #3 Signature         | Date | Member #4 Signature | Date |