

Tax Credit Household Eligibility Application (HEA)

PROPERTY NAME Rocky Point		UNIT NUMBER	NO. OF BEDROOMS
HOUSEHOLD (HH) NAME		CURRENT HH SIZE	
ORIGINAL CERTIFICATION DATE (mm/dd/yyyy)	EFFECTIVE DATE OF CERTIFICATION (mm/dd/yyyy)	CERTIFICATION TYPE <input type="checkbox"/> Initial Certification <input type="checkbox"/> Recertification	

THE FOLLOWING SECTION IS TO BE COMPLETED ENTIRELY BY THE APPLICANT/RESIDENT
Instructions: Fill out the table below with the names of everyone who will live in the home. Include anyone you expect will live there at least half the time over the next year.

PART 1: PEOPLE IN YOUR HOUSEHOLD					
HH #	Name of Each Person Living in the Apartment	Date of Birth	SSN *Last 4 digits	Full-Time Student*	
1	(HEAD OF HOUSEHOLD)			<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	<input type="checkbox"/> N/A
2				<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	<input type="checkbox"/> N/A
3				<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	<input type="checkbox"/> N/A
4				<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	<input type="checkbox"/> N/A
5				<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	<input type="checkbox"/> N/A
6				<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	<input type="checkbox"/> N/A
7				<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-time	<input type="checkbox"/> N/A

***Only the last 4 digits of the Social Security Number are required.**

About Your Social Security Number: This form asks for your Social Security number because of rules from the Washington State Housing Finance Commission and the IRS. Your number will only be used to check if you qualify for housing. If you do not have a Social Security number, you can use a Work Visa, Alien Registration Card, Temporary Resident Card, ITIN (Individual Taxpayer Identification Number), or Employment Authorization Card instead. If you do not provide a number, it may slow down or stop your application.

***What is a Full-Time Student?** A full-time student is anyone who is now in school, plans to be, or was in school for at least 5 months this year. The 5 months do not have to be in a row. This includes students in grades K-12, college, technical schools, and trade schools. Students with a student visa from another country are also considered full-time students.

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INSTRUCTIONS: All Adult household members must complete this form (see Instructions page for definition of Adult). You must list all income and assets currently or to be received by any household member within the next 12-month period beginning on the anticipated date of move-in or recertification date. If no one in the household receives any income at all from any source, please skip to **Part 5** and complete the **Zero Income Certification**.

PART 2: HOUSEHOLD INCOME				
HH#	Yes	No		Annual Gross Income
	<input type="checkbox"/>	<input type="checkbox"/>	1. Self-employment (<i>describe what you do</i>) <div></div>	Use Net Income from business: \$
	<input type="checkbox"/>	<input type="checkbox"/>	2. Employment receiving wages, salary, overtime pay, commissions, fees, tips, bonuses, and/or other compensation. If yes, list additional information in Part 3: Current Employment Information below.	\$
	<input type="checkbox"/>	<input type="checkbox"/>	3. Unemployment benefits	
	<input type="checkbox"/>	<input type="checkbox"/>	4. Veteran's Administration benefits, or GI Bill income	\$
	<input type="checkbox"/>	<input type="checkbox"/>	5. Military income (from being active member of Armed Forces, National Guard, Reserves)	\$
	<input type="checkbox"/>	<input type="checkbox"/>	6. Education financial assistance (for full- and part-time students)	\$
	<input type="checkbox"/>	<input type="checkbox"/>	7. Retirement benefits from Social Security	\$
	<input type="checkbox"/>	<input type="checkbox"/>	8. Supplemental Security Income (SSI) or Social Security Disability Income (SSDI) \$	\$
	<input type="checkbox"/>	<input type="checkbox"/>	9. Unearned income from family members age 17 or under (example: Social Security, trust fund disbursements, etc.)	\$
	<input type="checkbox"/>	<input type="checkbox"/>	10. Disability or death benefits other than Social Security	\$
	<input type="checkbox"/>	<input type="checkbox"/>	11. Worker's Compensation (L&I) benefits	\$
	<input type="checkbox"/>	<input type="checkbox"/>	12. Public housing assistance/Rental assistance/Section 8 voucher. Housing authority providing the assistance: <div></div>	\$
	<input type="checkbox"/>	<input type="checkbox"/>	13. I/we receive public assistance income (example: TANF, GAU, FIP, ADATSA, etc.)	\$

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PART 2: HOUSEHOLD INCOME

HH#	Yes	No		Annual Gross Income
	<input type="checkbox"/>	<input type="checkbox"/>	14. Child support payments. If yes, for how many children do you receive support? <input type="text"/>	\$
	<input type="checkbox"/>	<input type="checkbox"/>	15. Alimony/spousal support payments	\$
	<input type="checkbox"/>	<input type="checkbox"/>	16. Regular payments from trusts, annuities, inheritance, retirement funds or pensions. If yes, list sources: <input type="text"/> <input type="text"/>	\$ \$
	<input type="checkbox"/>	<input type="checkbox"/>	17. Income from real estate or personal property <input type="text"/>	Use Net Earned Income: \$
	<input type="checkbox"/>	<input type="checkbox"/>	18. Do your family, friends, or any other person or organization outside of your household help you meet needs by giving you cash assistance? If yes, who provides the cash assistance? <input type="text"/> How often do you receive the cash assistance? <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other: <input type="text"/>	What is the average amount of cash you receive? \$
	<input type="checkbox"/>	<input type="checkbox"/>	19. Earned 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.)) If yes, please explain. <input type="text"/>	\$

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PART 2: HOUSEHOLD INCOME			
HH#	Yes	No	Annual Gross Income
	<input type="checkbox"/>	<input type="checkbox"/>	<div>20. Do your family, friends, or any other person or organization outside of your household help you pay a bill or expense, such as for utilities, car, gas, insurance, bus pass, telephone, cable/internet, diapers, etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who helps you pay the bills or expense? <div></div> How often do you receive the assistance? <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other: <div></div></div>
			<div>What is the average amount of assistance you receive? \$</div>

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PART 3: CURRENT EMPLOYMENT INFORMATION

HH #	HOUSEHOLD MEMBER NAME	JOB TITLE	DATE HIRED (mm/dd/yyyy)	
EMPLOYER NAME		CONTACT PERSON	EMPLOYER EMAIL ADDRESS	
EMPLOYER ADDRESS		CITY	STATE	EMPLOYER PHONE #
SALARY \$	PAY FREQUENCY <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other: _____			WORK HOURS PER WEEK

HH #	HOUSEHOLD MEMBER NAME	JOB TITLE	DATE HIRED (mm/dd/yyyy)	
EMPLOYER NAME		CONTACT PERSON	EMPLOYER EMAIL ADDRESS	
EMPLOYER ADDRESS		CITY	STATE	EMPLOYER PHONE #
SALARY \$	PAY FREQUENCY <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other: _____			WORK HOURS PER WEEK

HH #	HOUSEHOLD MEMBER NAME	JOB TITLE	DATE HIRED (mm/dd/yyyy)	
EMPLOYER NAME		CONTACT PERSON	EMPLOYER EMAIL ADDRESS	
EMPLOYER ADDRESS		CITY	STATE	EMPLOYER PHONE #
SALARY \$	PAY FREQUENCY <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other: _____			WORK HOURS PER WEEK

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PART 4: ASSET INFORMATION

Please choose one of the following:

☐ I/We do not have any assets at this time. Continue to **Part 5: Zero Income Certification** (if required) and **Part 6: Student Status Certification**.

☐ I/We have assets. My/our assets are listed below.

*For an explanation of what counts as an asset, please see the Instructions form on our website. Cash values is defined as the market value of the asset minus the cost of converting the assets to cash. Costs may include broker's fees, settlement costs, outstanding loans, early withdrawal penalties, etc.

HH#	Yes	No		Cash Value	Interest Rate	Annual Income				
	<input type="checkbox"/>	<input type="checkbox"/>	1. RVs, ATVs, boats, antique cars, stamp collections, etc.							
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	\$		\$				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	\$		\$				
	<input type="checkbox"/>	<input type="checkbox"/>	2. Cash on hand	\$		\$				
	<input type="checkbox"/>	<input type="checkbox"/>	3. Checking account(s). If yes, list bank names and account number(s).							
	<input type="checkbox"/>	<input type="checkbox"/>	<table border="1"> <tr> <td>BANK NAME #1</td> <td>ACCOUNT NO.</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	BANK NAME #1	ACCOUNT NO.	<input type="text"/>	<input type="text"/>	\$	%	\$
BANK NAME #1	ACCOUNT NO.									
<input type="text"/>	<input type="text"/>									
	<input type="checkbox"/>	<input type="checkbox"/>	<table border="1"> <tr> <td>BANK NAME #2</td> <td>ACCOUNT NO.</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	BANK NAME #2	ACCOUNT NO.	<input type="text"/>	<input type="text"/>	\$	%	\$
BANK NAME #2	ACCOUNT NO.									
<input type="text"/>	<input type="text"/>									
	<input type="checkbox"/>	<input type="checkbox"/>	4. Savings account(s). If yes, list bank names and account number(s).							
	<input type="checkbox"/>	<input type="checkbox"/>	<table border="1"> <tr> <td>BANK NAME #1</td> <td>ACCOUNT NO.</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	BANK NAME #1	ACCOUNT NO.	<input type="text"/>	<input type="text"/>	\$	%	\$
BANK NAME #1	ACCOUNT NO.									
<input type="text"/>	<input type="text"/>									
	<input type="checkbox"/>	<input type="checkbox"/>	<table border="1"> <tr> <td>BANK NAME #2</td> <td>ACCOUNT NO.</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	BANK NAME #2	ACCOUNT NO.	<input type="text"/>	<input type="text"/>	\$	%	\$
BANK NAME #2	ACCOUNT NO.									
<input type="text"/>	<input type="text"/>									
	<input type="checkbox"/>	<input type="checkbox"/>	5. Internet-based assets (Cash app, Venmo, PayPal, Apple Pay, etc.).							
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	\$	%	\$				

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HH#	Yes	No		Cash Value	Interest Rate	Annual Income				
	<input type="checkbox"/>	<input type="checkbox"/>	6. Debit card(s) not associated with a bank account. If yes, list last 4 numbers of the card(s). <table border="1"> <tr> <td>BANK NAME #1</td> <td>LAST 4 DIGITS</td> </tr> <tr> <td>BANK NAME #2</td> <td>LAST 4 DIGITS</td> </tr> </table>	BANK NAME #1	LAST 4 DIGITS	BANK NAME #2	LAST 4 DIGITS	\$		
BANK NAME #1	LAST 4 DIGITS									
BANK NAME #2	LAST 4 DIGITS									
	<input type="checkbox"/>	<input type="checkbox"/>	7. Brokerage account(s). If yes, list bank names(s) and account number(s). <table border="1"> <tr> <td>BANK NAME #1</td> <td>ACCOUNT NO.</td> </tr> <tr> <td>BANK NAME #2</td> <td>ACCOUNT NO.</td> </tr> </table>	BANK NAME #1	ACCOUNT NO.	BANK NAME #2	ACCOUNT NO.	\$	%	\$
BANK NAME #1	ACCOUNT NO.									
BANK NAME #2	ACCOUNT NO.									
	<input type="checkbox"/>	<input type="checkbox"/>	8. Capital investments <table border="1"> <tr> <td></td> </tr> </table>		\$	%	\$			
	<input type="checkbox"/>	<input type="checkbox"/>	9. Annuities. If yes, list bank names(s) and account number(s). <table border="1"> <tr> <td>BANK NAME #1</td> <td>ACCOUNT NO.</td> </tr> <tr> <td>BANK NAME #2</td> <td>ACCOUNT NO.</td> </tr> </table>	BANK NAME #1	ACCOUNT NO.	BANK NAME #2	ACCOUNT NO.	\$	%	\$
BANK NAME #1	ACCOUNT NO.									
BANK NAME #2	ACCOUNT NO.									
	<input type="checkbox"/>	<input type="checkbox"/>	10. Money market. If yes, list bank names(s) and account number(s). <table border="1"> <tr> <td>BANK NAME #1</td> <td>ACCOUNT NO.</td> </tr> <tr> <td>BANK NAME #2</td> <td>ACCOUNT NO.</td> </tr> </table>	BANK NAME #1	ACCOUNT NO.	BANK NAME #2	ACCOUNT NO.	\$	%	\$
BANK NAME #1	ACCOUNT NO.									
BANK NAME #2	ACCOUNT NO.									

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PART 4: ASSET INFORMATION										
HH#	Yes	No		Cash Value	Interest Rate	Annual Income				
	<input type="checkbox"/>	<input type="checkbox"/>	11. Life insurance (do not include term life insurance that is only payable upon death). If yes, list company. <input type="text"/> <input type="text"/>	\$ \$	% %	\$ \$				
	<input type="checkbox"/>	<input type="checkbox"/>	12. Cryptocurrency (Ethereum, Tether, Bitcoin, etc.). <input type="text"/>	\$	%	\$				
	<input type="checkbox"/>	<input type="checkbox"/>	13. Stocks/Bonds. If yes, list company where held. <input type="text"/> <input type="text"/>	\$ \$	% %	\$ \$				
	<input type="checkbox"/>	<input type="checkbox"/>	14. Certificate of Deposit. If yes, list bank names(s) and account number(s). <table border="1"> <tr> <td>BANK NAME #1</td> <td>ACCOUNT NO.</td> </tr> <tr> <td>BANK NAME #2</td> <td>ACCOUNT NO.</td> </tr> </table>	BANK NAME #1	ACCOUNT NO.	BANK NAME #2	ACCOUNT NO.	\$ \$	% %	\$ \$
BANK NAME #1	ACCOUNT NO.									
BANK NAME #2	ACCOUNT NO.									
	<input type="checkbox"/>	<input type="checkbox"/>	15. Trust funds that are under control of the household. If yes, list bank names(s) and account number(s). <table border="1"> <tr> <td>BANK NAME #1</td> <td>ACCOUNT NO.</td> </tr> <tr> <td>BANK NAME #2</td> <td>ACCOUNT NO.</td> </tr> </table>	BANK NAME #1	ACCOUNT NO.	BANK NAME #2	ACCOUNT NO.	\$ \$	% %	\$ \$
BANK NAME #1	ACCOUNT NO.									
BANK NAME #2	ACCOUNT NO.									

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PART 4: ASSET INFORMATION										
HH#	Yes	No		Cash Value	Interest Rate	Annual Income				
	<input type="checkbox"/>	<input type="checkbox"/>	16. Lump Sum amounts (lottery/ inheritance, etc).							
			<input type="text"/>	\$	%	\$				
	<input type="checkbox"/>	<input type="checkbox"/>	17. Safety Deposit Box and its contents							
			<input type="text"/>	\$						
	<input type="checkbox"/>	<input type="checkbox"/>	18. Other asset(s):							
			<input type="text"/>	\$	%	\$				
			<input type="text"/>	\$	%	\$				
	<input type="checkbox"/>	<input type="checkbox"/>	19. I/we have given away money or assets for less than their value in the past two years. If yes, list the items and the dates.							
			<table border="1"> <tr> <td>ITEM</td> <td>DATE</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	ITEM	DATE	<input type="text"/>	<input type="text"/>	\$	%	\$
ITEM	DATE									
<input type="text"/>	<input type="text"/>									
			<table border="1"> <tr> <td>ITEM</td> <td>DATE</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	ITEM	DATE	<input type="text"/>	<input type="text"/>	\$	%	\$
ITEM	DATE									
<input type="text"/>	<input type="text"/>									
	<input type="checkbox"/>	<input type="checkbox"/>	20. Have you received a tax refund in the last 12 months?	Amount of return:						
			<input type="text"/>	\$						
	<input type="checkbox"/>	<input type="checkbox"/>	21. Real estate property							
			<input type="text"/>	\$		\$				
			<input type="text"/>	\$		\$				
Does the total value of assets for your entire household exceed \$50,000?					<input type="checkbox"/> Yes <input type="checkbox"/> No					

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PART 5: ZERO INCOME CERTIFICATION

To be completed ONLY by any household that does not receive any kind of income from any source at all.

1. I/We hereby certify that I/we do not individually receive income from any of the following sources:
- a. Wages from employment (including commissions, tips, bonuses, fees, etc.).
 - b. Income from operation of a business.
 - c. Rental income from real or personal property.
 - d. Income, interest or dividends from assets.
 - e. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits.
 - f. Unemployment or disability payments.
 - g. Public assistance payments.
 - h. Regular allowances such as alimony, child support, or gifts received from persons not living in my household.
 - i. Sales from self-employed resources (Avon, Mary Kay, eBay, etc.).
 - j. Any other source not named above.

2. Employment Income – Choose one:

- ☐ I/We have no income and am currently looking for a job but haven't received any offers.
- ☐ I/We have no income and won't be looking for a job in the next 12 months.

3. I/We will be using the following sources of funds or relying on the following person(s) to pay for rent and other necessities. Enter full name(s):

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PART 6: STUDENT STATUS CERTIFICATION

Students include members who are in grades K-12, college, technical schools, and trade schools. Students do not include members who are completing trainings at the job site or taking job training classes.

Please choose one of the following:

<input type="checkbox"/>	1. The HH includes at least one member who is not a student and will not be a student for the next 5 months this year or the next year. List member(s) who are not students :			
	<div></div>			
<input type="checkbox"/>	2. The HH includes all students but at least one member is a part-time student (must provide verification of part-time student status). List member(s) who are part-time students :			
	<div></div>			
<input type="checkbox"/>	3. The HH includes all students who are now in school, plans to be, or was in school for at least 5 months this year. The 5 months do not have to be in a row.			
	If yes, you must answer all questions below:		Yes	No
	A.	Are the students married and file tax return together? <i>(Include proof of a tax return or a written declaration such as an affidavit)</i>	<input type="checkbox"/>	<input type="checkbox"/>
	B.	One student member is a single parent who – i. does not receive any support as a dependent of someone else. ii. independently care for the child/children.	<input type="checkbox"/>	<input type="checkbox"/>
	C.	Is one student receiving Temporary Assistance to Needy Families (TANF)?	<input type="checkbox"/>	<input type="checkbox"/>
	D.	Does one student in one of the following programs? <i>(Must provide proof)</i> i. The Job Training Partnership Act. ii. The Workforce Investment Act or similar federal, state, or local laws.	<input type="checkbox"/>	<input type="checkbox"/>
	E.	Does the household include one student who was under foster care in the past? <i>(Must provide proof)</i>	<input type="checkbox"/>	<input type="checkbox"/>

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I understand that if my household income or the people who live in my home changes after I sign this form but before I move in, I must tell the management staff right away. Under penalty of perjury, I promise that all the information I gave in this application is true and correct to the best of my knowledge. I understand that giving false or incomplete information is fraud. If I do, my lease can be canceled, and I could face legal action.

Only the Applicant/Resident should sign this form, unless someone else has legal permission (Power of Attorney) to sign for them. If so, a copy of the Power of Attorney, their photo ID, and their contact information must be included.

HEAD OF HOUSEHOLD SIGNATURE	PRINT NAME	DATE (mm/dd/yyyy)
HOUSEHOLD MEMBER SIGNATURE	PRINT NAME	DATE (mm/dd/yyyy)
HOUSEHOLD MEMBER SIGNATURE	PRINT NAME	DATE (mm/dd/yyyy)
HOUSEHOLD MEMBER SIGNATURE	PRINT NAME	DATE (mm/dd/yyyy)
HOUSEHOLD MEMBER SIGNATURE	PRINT NAME	DATE (mm/dd/yyyy)

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.

PRINT THIRD PARTY NAME	RELATIONSHIP	PHONE NUMBER
THIRD PARTY SIGNATURE		DATE (mm/dd/yyyy)

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
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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
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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
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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
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HOUSING AUTHORITY
Of the
CITY OF OTHELLO
335 n. 3rd, 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

Minor Child

Birth date

Social Security #

Minor Child

Birth date

Social Security #

Minor Child

Birth date

Social Security #

Minor Child

Birth date

Social Security #

Minor Child

Birth date

Social Security #

Minor Child

Birth date

Social Security #

Witness/OHA Staff

Offense/Conviction/Date

Child name

Child name

Child name

Juvenile Court Staff

**HOUSING AUTHORITY
OF THE
CITY OF OTHELLO**

335 N. 3rd, 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

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: _____

HOUSING AUTHORITY
Of the
CITY OF OTHELLO
335 n. 3rd, 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

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"/>
8				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Check ALL that apply for each household member.											
(A) RACIAL CATEGORIES*	HOH Member #1	Mbr #2	Mbr #3	Mbr #4	Mbr #5	Mbr #6	Mbr #7	Mbr #8	Mbr #9	Mbr #10	
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"/>	<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"/>	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
White	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Multi-Racial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Check one for each household member.										
(B) ETHNIC CATEGORIES*	HOH Member #1	Mbr #2	Mbr #3	Mbr #4	Mbr #5	Mbr #6	Mbr #7	Mbr #8	Mbr #9	Mbr #10
Hispanic or Latino	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(C) DISABILITY STATUS*	HOH Member #1	Mbr #2	Mbr #3	Mbr #4	Mbr #5	Mbr #6	Mbr #7	Mbr #8	Mbr #9	Mbr #10
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"/>	<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"/>	<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"/>	<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

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: https://www.hud.gov/program_offices/fair_housing_equal_opportunity/disability_overview#_Who_Is_a
- "Handicap" does not include current, illegal use of or addiction to a controlled substance.