

Photographic identification for all adult household members must accompany all application submissions. ID confirmed: \_\_\_\_\_



**Affordable Housing Applicant Questionnaire**

***For Office Use Only:*** Property Name: Novo Apartments      Underground Parking: \_\_\_\_\_  
 Desired Apartment: \_\_\_\_\_      Desired Lease Dates: \_\_\_\_\_  
 Unit Type: \_\_\_\_\_ Supportive Housing Type/Sponsoring Agency \_\_\_\_\_  
 Rent: \$ \_\_\_\_\_      Monthly Pet Fee: \$ \_\_\_\_\_      Security Deposit: \$ \_\_\_\_\_

Applicants must initial all the following as acknowledgement:

\_\_\_\_\_ This property requires tenants maintain Renters Liability coverage of at least 100K throughout their tenancy.  
 \_\_\_\_\_ If this property is designated a NON-SMOKING housing community, tenants must comply to the No-Smoking policy.  
 \_\_\_\_\_ This property may not be able to guarantee the availability of parking without a paid underground parking stall.

*Please complete the following application using pen only (please print). Any errors can be corrected by placing a single line through the mistake. DO NOT USE WHITEOUT ON THIS APPLICATION!*

**Current Address:** \_\_\_\_\_  
 \_\_\_\_\_  
**Home Phone:** (    ) \_\_\_\_\_      **Cell Phone:** (    ) \_\_\_\_\_      **Email:** \_\_\_\_\_

**I. Household Information:**

List each household member that will occupy the apartment. Any non-related household members must fill out separate rental applications. This application MUST include income / asset information for anyone who will be 18 years or older during the next 12 months.

<b>Name</b> <i>First, Middle Initial, Last</i>	<b>Relationship to Head of Household</b>	<b>M/F</b>	<b>*Last 4 digits Social Security Number</b>	<b>Date of Birth</b> <i>Month, Date, Year</i>
	<b>Head of Household</b>		XXX-XX- XXX-XX-	

**\*The complete social security number for all adult household members is necessary for processing purposes and must be supplied in person or by telephone only.**

**YES**    **NO**

       **1. Do you expect any additions to the household within the next twelve months?**  
Name & Relationship: \_\_\_\_\_  
Explanation: \_\_\_\_\_

       **2. Do you have full custody of your child(ren)?**  
Explanation of custody arrangements: \_\_\_\_\_

**YES**    **NO**

       **3. Are any household members temporarily absent?**  
Who? \_\_\_\_\_ For How Long? \_\_\_\_\_

       **4. Are any household members permanently absent?**  
Who? \_\_\_\_\_

       **5. Have you ever filed for bankruptcy? Is bankruptcy discharged?**  
Explanation: \_\_\_\_\_

       **6. Have you ever been convicted of a felony or a violent crime?**  
Explanation: \_\_\_\_\_

       **7. Have you ever been evicted from an apartment for any reason?**  
Explanation: \_\_\_\_\_

       **8. Do you wish to receive a written explanation of a denial of tenancy?**  
Explanation: \_\_\_\_\_

**II. Housing References:**

List the past *TWO YEARS* of housing references. *(If additional space is required, use the back of this page.)*

**1. Present Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**From:** \_\_\_\_\_ **To:** \_\_\_\_\_ **(Month/Year)** **Rent Amount: \$** \_\_\_\_\_  
**Landlord:** \_\_\_\_\_ **Landlord's Phone Number (\_\_\_\_)** \_\_\_\_\_  
**Landlord's Address:** \_\_\_\_\_ **Reason for Leaving:** \_\_\_\_\_  
**Rent**        **Own**        **(Check One)**

**2. Former Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**From:** \_\_\_\_\_ **To:** \_\_\_\_\_ **(Month/Year)** **Rent Amount: \$** \_\_\_\_\_  
**Landlord:** \_\_\_\_\_ **Landlord's Phone Number (\_\_\_\_)** \_\_\_\_\_  
**Landlord's Address:** \_\_\_\_\_ **Reason for Leaving:** \_\_\_\_\_  
**Rent**        **Own**        **(Check One)**

**III. Employment / Income Sources** (please list the last two years of employment/income sources)

1. **Current Employer or Income Source** \_\_\_\_\_ **Monthly Gross Income \$** \_\_\_\_\_  
**Start Date** \_\_\_\_\_ **Contact Person** \_\_\_\_\_ **Fax Number** \_\_\_\_\_ **Phone Number** \_\_\_\_\_
2. **Current Employer or Income Source** \_\_\_\_\_ **Monthly Gross Income \$** \_\_\_\_\_  
**Start Date** \_\_\_\_\_ **Contact Person** \_\_\_\_\_ **Fax Number** \_\_\_\_\_ **Phone Number** \_\_\_\_\_
3. **Previous Employer / Income Source** \_\_\_\_\_ **Monthly Gross Income \$** \_\_\_\_\_  
**Contact Person** \_\_\_\_\_ **Employment Dates** \_\_\_\_\_ **Phone Number** \_\_\_\_\_
4. **Previous Employer / Income Source** \_\_\_\_\_ **Monthly Gross Income \$** \_\_\_\_\_  
**Contact Person** \_\_\_\_\_ **Employment Dates** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**IV. Emergency Contact Information** (this information will be used if needed for emergency situations)

Name/Address

\_\_\_\_\_

\_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Relationship to Head of Household: \_\_\_\_\_

**V. Asset Information:**

Include all assets held and the corresponding annual interest rate, dividends or any other income derived from the asset. An asset is defined as any lump sum amount that you hold and have access to. Include the value of the asset and corresponding income from the asset in the space provided. **Include ALL assets held by ALL household members listed on this application, including minors. Check either YES or NO to each question.**

**Do YOU or ANYONE listed on this application have:**

YES    NO  
o        o

1.        **Checking or savings accounts?**

<u>Household Member</u>	<u>Type of Account</u>	<u>Institution Name &amp; Phone #</u>	<u>Account #</u>	<u>Amount</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

o        o        2.        **CDs, money market accounts or treasury bills?**

<u>Household Member</u>	<u>Type of Account</u>	<u>Institution Name &amp; Phone #</u>	<u>Account #</u>	<u>Amount</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

o        o        3.        **Trust funds?**

<u>Household Member</u>	<u>Type of Account</u>	<u>Institution Name &amp; Phone #</u>	<u>Account #</u>	<u>Amount</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

o        o        4.        **Stocks, bonds or mutual funds?**

<u>Household Member</u>	<u>Type of Account</u>	<u>Institution Name &amp; Phone #</u>	<u>Account #</u>	<u>Amount</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

YES    NO

o    o    **5. Pensions, IRAs, KEOGH, 401Ks or other retirement accounts?**

<u>Household Member</u>	<u>Type of Account</u>	<u>Institution Name &amp; Phone #</u>	<u>Account #</u>	<u>Amount</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

o    o    **6. Cash on hand over \$500?**

Household Member(s): \_\_\_\_\_  
Amount: \_\_\_\_\_

o    o    **7. Real estate including a primary residence, farm, vacant land, vacation home, rental property, commercial space, or other real estate investments?**

<u>Household Member</u>	<u>Address of Property</u>	<u>Fair Market Value</u>	<u>Balance Owed on Mortgage</u>
_____	_____	_____	_____

o    o    **8. Payments under a land contract?** *(If yes, attach a copy of amortization schedule.)*

o    o    **9. Personal property held as an investment?** *(Paintings, coin/stamp collections, artwork, etc.)*

<u>Household Member</u>	<u>Type of Investment</u>	<u>Value</u>
_____	_____	_____
_____	_____	_____

o    o    **10. A safe deposit boxes?**

Household Member(s): \_\_\_\_\_  
Contents: \_\_\_\_\_  
Monetary Value of Contents: \_\_\_\_\_

o    o    **11. Assets held jointly with a person who is not a household member.**

<u>Household Member</u>	<u>Name of Asset Jointly Held</u>	<u>Asset Held Jointly With</u>
_____	_____	_____

o    o    **12. Whole life insurance policy? (Term life insurance policies are not included)**

<u>Household Member</u>	<u>Source &amp; Phone #</u>	<u>Policy #</u>	<u>Cash Value</u>
_____	_____	_____	_____
_____	_____	_____	_____

o    o    **13. Received any lump sum payments in the last 24 months?** *(Settlements, inheritance, lottery, etc.)*

<u>Household Member</u>	<u>Type of Lump Sum</u>	<u>Amount</u>	<u>Where is Money Now</u>
_____	_____	_____	_____
_____	_____	_____	_____

o    o    **14. Have you or any household member disposed of or given away any asset(s) for LESS than fair market value within the past 2 years?**

Household Member: \_\_\_\_\_  
Amount: \_\_\_\_\_  
Explanation: \_\_\_\_\_

**VI. Income Information:**

Include all income anticipated for the next 12 months (include income for minors turning 18 in the next 12 months).

<u>YES</u>	<u>NO</u>			
<input type="radio"/>	<input type="radio"/>	<b>1. Employment wages or salaries?</b> <i>(Includes overtime, tips, bonuses, commissions, and payments received in cash)</i>		
		<u>Household Member</u>	<u>Employer Name, Phone/Fax #, Contact Person</u>	<u>Amount</u>
		_____	_____	_____
		_____	_____	_____
<input type="radio"/>	<input type="radio"/>	<b>2. Self-employment?</b> <i>(Copies of last two years tax returns required)</i>		
		<u>Household Member</u>	<u>Name of Company</u>	<u>Amount</u>
		_____	_____	_____
		_____	_____	_____
<input type="radio"/>	<input type="radio"/>	<b>3. Regular pay as a member of the Armed Forces, including housing allowance?</b>		
		<u>Household Member</u>	<u>Branch of Service, Phone Number</u>	<u>Amount</u>
		_____	_____	_____
		_____	_____	_____
<input type="radio"/>	<input type="radio"/>	<b>4. Unemployment benefits or workman's compensation?</b>		
		<u>Household Member</u>	<u>Source, Phone Number</u>	<u>Amount</u>
		_____	_____	_____
		_____	_____	_____
<input type="radio"/>	<input type="radio"/>	<b>5. Public Assistance, General Relief or W-2?</b>		
		<u>Household Member</u>	<u>Source, Phone Number</u>	<u>Amount</u>
		_____	_____	_____
		_____	_____	_____
<input type="radio"/>	<input type="radio"/>	<b>6. Child support or alimony?</b> <i>(Any COURT ORDERED amounts—collected or uncollected)</i>		
		<u>Household Member</u>	<u>Payor's Name, County, Phone Number</u>	<u>Amount</u>
		_____	_____	_____
		_____	_____	_____
<input type="radio"/>	<input type="radio"/>	<b>7. Court ordered child support or alimony not paid but have made reasonable efforts to collect by filing with the courts or agencies responsible for enforcing payment.</b>		
<input type="radio"/>	<input type="radio"/>	<b>8. Social Security, SSI or any other payments from the Social Security Administration?</b> <i>(Please do separate line items for Federal and State payments)</i>		
		<u>Household Member</u>	<u>Source</u>	<u>Amount</u>
		_____	_____	_____
		_____	_____	_____
<input type="radio"/>	<input type="radio"/>	<b>9. Pensions, annuities, or other retirement benefits?</b>		
		<u>Household Member</u>	<u>Name of Company, Phone Number, Contact</u>	<u>Amount</u>
		_____	_____	_____
		_____	_____	_____
<input type="radio"/>	<input type="radio"/>	<b>10. Veteran's benefits?</b>		
		<u>Household Member</u>	<u>Source and Phone #</u>	<u>Amount</u>
		_____	_____	_____
		_____	_____	_____

YES    NO

- 11. Severance payments?**  
Household Member    Name of Company, Phone #, Contact Name    Amount  
\_\_\_\_\_
- 12. Settlements?** *(Such as insurance settlements)*  
Household Member    Source, Phone Number    Amount  
\_\_\_\_\_
- 13. Disability, death benefits or life insurance dividends?**  
Household Member    Name of Company, Phone #, Contact Name    Amount  
\_\_\_\_\_
- 14. Regular gifts or payments from anyone outside of the household?**  
*(This includes anyone supplementing your income or paying any of your bills.)*  
Household Member    Source, Phone Number    Amount  
\_\_\_\_\_
- 15. Lottery winnings or inheritances?**  
Household Member    Source, Phone Number    Amount  
\_\_\_\_\_  
\_\_\_\_\_
- 16. Payments from rental property or other forms of real estate?**  
Household Member    Source, Phone Number    Amount  
\_\_\_\_\_
- 17. Any other income sources or types not listed (currently or in the next 12 months)?**  
Household Member    Source, Phone Number    Amount  
\_\_\_\_\_  
\_\_\_\_\_
- 18. Grants or Scholarships for attending an educational facility (financial aid in the form of a loan not applicable) paid to you or directly to the institution?**  
Household Member    Source, Phone Number    Amount  
\_\_\_\_\_  
\_\_\_\_\_

**VII. Zero Income Verification:**

Are YOU or is ANY OTHER ADULT member of your household:

YES    NO

- 1. Claiming zero income? If so, who?** \_\_\_\_\_

**VIII. Live-In Care Attendant:**

YES    NO

- 1. Will you or anyone in your household require a live-in care attendant?  
(Proof from doctor is required)**

Name of Live-in Care Attendant and Relationship if any: \_\_\_\_\_

*All live-in care attendants must undergo a background check and pass all resident selection criteria except for criteria in relation to credit. Live in care attendants that are related to the applicant/tenant may be required to meet program eligibility in terms of income eligibility.*





Authorization Release of Information

PROPERTY ADDRESS: 216 S Pinckney St Madison, WI 53703

Date: Apt. No.: Development Name: Novo Apartments Applicant/Resident Name(s):

TELEPHONE NUMBER: 608-906-0271

FAX NUMBER: 608-888-9704

I/We, see below, hereby authorize the release of any information requested by the above-named property. I/We understand and agree that photocopies of this authorization may be used for the purposes stated below. Signature Date Last 4 digits Social Security #

Terms and Conditions

By my/our signature above, I/we hereby indicate my/our desire to lease an apartment from Stone House Development, Inc. I/We do also hereby consent to and authorize any representative of Stone House Development, Inc. or the above-mentioned development to obtain, verify and exchange information or any reports concerning me/us as are maintained by, but not limited to: City, County, State, Federal law Enforcement Agencies, Credit Reporting Agencies, present and/or past employers, present and/or past residences and educational institutions. I/We understand that any information obtained may be considered by Stone House Development, Inc. at their sole discretion, as a factor in any decision they make with respect to the apartment for which I am making the application.

Furthermore, I/We authorize Stone House Development, Inc. or the above-mentioned development to obtain information regarding my/our income, assets, and household status for purposes of determining my/our eligibility for participation in the Low-Income Housing Tax Credit Program. I understand that any information obtained may be considered by Stone House Development, Inc. at their sole discretion, as a factor in any decision they make with respect to the apartment for which I am applying.

Furthermore, I/we hereby release and hold harmless the above named organization, its subsidiaries or managing agents, including but not limited to their officers, directors, employees, agents, Law Enforcement Agencies, Credit Reporting Agencies, present and/or past employers, present and/or past residences, its officers and employers that shall provide information to the above named organization, its subsidiaries or managing agents from and against any and all claims, demands, suits or expenses arising from or related to the content, validity or handling of said reports.

This release for information will expire thirteen (13) months from the date of signature.





**Asset Certification for Combined Household Assets Less Than \$5000**

**Applicant/Resident Name(s):** \_\_\_\_\_  
**Property Name:** Novo Apartments **Apt. No.:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**If the combined assets of your household (include ALL household members, including minors) assets are less than \$5,000 on the date of your application, please complete the information below. COMPLETE ONLY ONE FORM PER HOUSEHOLD.**

1.  **I/We do not have any assets at this time** (If this statement does not apply to you, please leave blank and skip to question #2. If you check this statement, please skip to question #3)

2. **The undersigned hereby swears to the following:**

*(Complete all information in both columns. If an asset type does not apply to you, please enter "0".)*

ASSET TYPE	CASH VALUE	ESTIMATED ANNUAL INCOME FROM ASSETS
Checking/ Savings Account	\$	\$
CD/Money Market/Treasury Bills	\$	\$
Trust/Retirement/ Pension Funds	\$	\$
Stock/Bonds/Mutual Funds	\$	\$
Cash on Hand/Safety Deposit Box	\$	\$
Equity in Real Estate/Land Contracts	\$	\$
Personal Property**held as an investment	\$	\$
Whole Life Insurance (exclude term life)	\$	\$
Lump Sum Payments	\$	\$
Assets disposed of or given away for less than Fair Market Value (see below)	\$	\$
Other	\$	\$
<b>TOTAL</b>	<b>\$</b>	<b>\$</b>

**Assets include cash held in savings and/or checking accounts, trust funds, equity in real estate and other capital investments, stocks, bonds, Treasury bills, certificates of deposit, money market funds, IRA accounts, retirement and pension funds, lump sum receipts (i.e., lottery winnings, insurance settlements, etc.)**

**\*\* Personal property held as an investment (i.e., gem or coin collections, paintings, antique cars, etc.). It does not include necessary personal property such as furniture, automobiles, and clothing.**

Have you disposed of any assets (given money/assets away) for less than they are worth in the past two years?  
 YES       NO

**Under penalties 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 understands that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of the lease agreement.**

\_\_\_\_\_  
**Signature of Applicant/Resident**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Applicant/Resident**

\_\_\_\_\_  
**Date**

## **Resident Selection Criteria**

The purpose of our resident selection criteria is to inform you of our screening processes and guidelines when determining your eligibility.

It is our declared policy that all persons shall have an equal opportunity for housing regardless of gender, race, color, sexual orientation, disability, religion, national origin, marital status, family status, lawful source of income, age, ancestry, physical appearance, political beliefs, military discharge, gender/genetic identity, domestic partnership status, student status (unless allowed by program restrictions), receipt of rental assistance, citizenship status, mental & physical disability and being a victim of domestic abuse and other crimes.

Applications are accepted in the order in which they are received and may take up to 21 days to be fully processed. If you are denied for any reason, you have the right to reapply after 90 days or appeal the decision (instruction for which would be outlined in the letter of denial.)

### I. Your application can be denied if one or more of the following pertain to you:

1. You provided false or misleading information on your application.
2. You do not meet our occupancy standards of no more than 2 persons per bedroom. (Children under 2 years of age may be excluded from this restriction.)
3. You do not meet income/program requirements for the Section 42 affordable housing program.
4. The Head of Household or co-head applicant(s) is not at least the age of 18.
5. You have a pending bankruptcy or a bankruptcy that has not been discharged.
6. Your conviction record presents a demonstrable risk to resident and employee safety and/or property. Arrest records, without a subsequent conviction will not be considered. If any of the following apply to you, your application may be denied:
  - a) If you have ever been convicted of manufacturing or distributing a controlled substance as defined in Sec. 102 of the Controlled Substances Act, then your application will be denied.
  - b) Registry on the Sex Offenders Registry will be a basis for the denial of your application. NOTE: Discretion will be given for certain offenses and misdemeanors where reporting is not automatically required.
  - c) If you have been convicted of any other crime that shows a demonstrable risk to tenant safety and/or property within the past 10 years, your application may be denied after consideration of the nature and severity of the crime and the amount of time that has passed since the criminal conduct occurred. Additional factors may also be considered on a case-by-case basis. Along with your application, you may provide any mitigating information or documentation that you would like to have considered regarding any prior conviction.
7. You have been evicted from an apartment within the past 2 years, are currently being evicted from an apartment, have a history of 2 or more evictions, currently owe another landlord money or have an unfavorable housing reference within the past 2 years.

II. Your application must also meet our combined criteria for credit, employment, and rental references.

- 1) CREDIT HISTORY: You must have no more than 3 accounts that have been reported to a collection agency, placed for collection in the past 2 years and the address on your credit report (current and past) must match that on the application.
- 2) RENTAL/MORTGAGE REFERENCES: You must have at least 2 years of a positive housing/mortgage reference within the past 3 years. NOTE: Family housing references are not accepted.
- 3) EMPLOYMENT / INCOME: You must be able to prove income or available cash assets are at least 1.5 times the amount of the proposed monthly rent (your portion). If employment is your prime income source, you must have at least 2 years of current employment history (does not have to be with the same employer). All legal sources of income will be used when calculating household income.

If you do not meet **one** of the above criteria, Landlord may offer other options such as cosigner, full month security deposit, etc. to cover the selection requirement deficiency.

***If you do not meet 2 or more of the above criteria, your application will be automatically denied.***

***I agree that I have read the above-mentioned Resident Selection Criteria and understand that the Landlord will be checking all references relative to income, credit, housing, and criminal conviction record and I give permission to the Landlord to make these inquiries. If denied tenancy, I may reapply after 90 days or request an appeal form which will allow me to start the appeal process. In the event my application is denied, and the decision is overturned because of an appeal, I understand that the apartment will not be held for me during the appeal process, and I will be placed on the waiting list if one exists.***

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Applicant Signature

---

Date

---

Applicant Signature

---

Date

---

Applicant Signature

---

Date

---

Applicant Signature

---

Date



**Non-Full Time Student Certification**

**Development Name:** Novo Apartments

**Applicant Name:** \_\_\_\_\_

**NOTE: Each adult household applicant/resident must complete this form individually to certify eligibility.**

Initial all statements that apply:

\_\_\_\_\_ I have not been enrolled in school in the past 12 months.

\_\_\_\_\_ I was enrolled in school in the past 12 months (circle one: full time / part time)

**Name of Institution:** \_\_\_\_\_

\_\_\_\_\_ I will not become a full-time student in the next 12 months.

- |  |     |    |
|--|-----|----|
| 1. Is there any member of the household who is <b>not</b> a full-time student?<br><i>If yes, whom _____</i>  | YES | NO |
| 2. Are you married and entitled to file a joint federal income tax return?<br><i>If yes, please attach a copy of your most recent signed federal income tax return.</i>  | YES | NO |
| 3. Are you a single parent and neither you nor any of your children are claimed as dependents of any other person?<br><i>If yes, please attach a copy of your most recent signed federal income tax return.</i>                                | YES | NO |
| 4. Are you receiving Aid to Families with Dependent Children (AFDC or TANF)?<br><i>If yes, please provide proof of assistance.</i>   | YES | NO |
| 5. Are you enrolled in a job training program receiving assistance under the Job Training Partnership Act or funded by a State or Local government agency?<br><i>If yes, please provide proof of participation and program funding source.</i> | YES | NO |
| 6. Has any student formally received FosterCare assistance?<br><i>If yes, please provide proof of participation.</i>   | YES | NO |
| 7. (NoVo Apartments Only) Are the full-time student(s) employed full time (30+ hours per week for the next 12 months. (Not seasonal employment)<br><i>If yes, please provide name and contact of employer: _____.</i>                          | YES | NO |

If you are, have been or will be attending classes at an educational institution or are pursuing a full-time course of institutional on-farm training under the supervision of an accredited agent of an educational organization or of a state or political subdivision of a state during at least five months of the taxable year in which you will occupy the unit (The five calendar months need not be consecutive) AND:

- 1) you answered **NO** to all questions above, **you are not eligible to rent a low-income apartment** as defined under section 42 of the Internal Revenue Code.
- 2) you marked **YES** to at least one of the above, please indicate the name of the school(s) you are attending:

I certify that the information and statements provided above are true and complete to the best of my knowledge and belief. I consent to release the information in order to qualify for Section 42 Housing. I understand that providing false information or making false statements may be grounds for denial of my application and may subject me to criminal penalties. I understand applicants/residents must be eligible for the Section 42 Tax Credit Program.

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

\_\_\_\_\_  
**Date**



STUDENT STATUS RELEASE AUTHORIZATION AND VERIFICATION

STUDENT COMPLETES THIS SECTION ONLY

I hereby authorize the school I attend or previously attended to disclose the information requested below.

School Name: \_\_\_\_\_

Student Name: \_\_\_\_\_

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

Student ID #: \_\_\_\_\_

Applicant/Resident's Signature

Date

EDUCATIONAL INSTITUTION ONLY - Completes section below:

The above-named student has completed an application for rental housing. Student status must be verified by a third-party source. Please provide the information requested below:

- 1. Is the above-mentioned individual a full-time student as defined by your institution: (please circle one) YES NO

If "NO", what is the deadline for enrollment: \_\_\_\_\_

- 2. Was the above individual a full-time student as defined by your institution anytime within the past 12 months? YES NO

If "YES", please indicate the dates in which student was enrolled full-time: \_\_\_\_\_

- 3. Expected Date of Graduation: \_\_\_\_\_

- 4. Amount of Student Grants, Scholarship, etc.: \$ \_\_\_\_\_

- 5. Amount of tuition: \$ \_\_\_\_\_

I hereby certify that the statements above are true and complete to the best of my knowledge.

Signature of person verifying information

Print Name of person verifying information

Title

Date

Phone #



## HUD Data Collection Form

Please fill out the following information. All the information you provide will be given to HUD. Please note the completion of this form is voluntary. There is no penalty for persons who do not complete this form.

### HOUSEHOLD COMPOSTION

Household Member	Last Name	First Name	Relationship to Head of Household <small>(See Coding Below)</small>	Date of Birth	Full-Time Student <small>(Y or N)</small>	Last 4 digits of Social Security Number	Race <small>(See Coding Below)</small>	Ethnicity <small>(See Coding Below)</small>	Disabled <small>(Y or N)</small>
1			Head of Household						
2									
3									
4									
5									
6									

**Relationship to HH**

H – Head of Household

S – Spouse

A – Adult Co-Tenant

O – Other Family Member

C – Child

F – Foster Child(ren)

L – Live-In Caretaker

N – None of the Above

**Race**

1 – White

2 – Black / African American

3 – American Indian / Alaska Native

4 – Asian

5 – Native Hawaiian / Other Pacific Islander

**Ethnicity**

1 – Hispanic or Latino

2 – NOT Hispanic or Latino