

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.

_____ This property is designated as NON-SMOKING and NO SMOKING is NOT allowed in any apartment or interior space.

_____ This property may not be able to guarantee the availability of parking without a paid underground parking stall.

If you are completing this application on paper and not electronically, 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 and schooling information for all household members.

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

**The complete social security number for all adult household members is necessary for application processing purposes and must be supplied in person or via telephone only. Do not write the full number on the application.*

YES NO

 1. **Do you expect any additions to the household within the next twelve months?**

Name & Relationship to Household: _____

Explanation: _____

 2. **Do you have full custody of your child(ren)?**

Explanation of custody arrangements or indicate N/A: _____

 3. **Are any household members foster children or foster adults?**

Name(s): _____

 4. **Are any household members temporarily absent?**

Name and Relationship to Household: _____ For How Long? _____

 5. **Are any household members permanently absent?**

Name and Relationship to Household: _____

 6. **Have you ever filed for bankruptcy? Is bankruptcy discharged?**

Explanation: _____

 7. **Have you ever been convicted of a felony or a violent crime?**

Explanation: _____

 8. **Have you ever been evicted from an apartment for any reason?**

Explanation: _____

 9. **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.

1. **Present Address:** _____ **City:** _____ **State:** _____ **Zip:** _____

From: _____ **To:** _____ **(Month/Year)** **Rent or Mortgage Amount:** \$ _____

Landlord: _____ **Landlord's Phone Number (** _____ **)**

Landlord's Address: _____ **Landlord's Email:** _____

Reason for Leaving: _____ **Did you rent or own at this address?** _____

2. **Former Address:** _____ **City:** _____ **State:** _____ **Zip:** _____

From: _____ **To:** _____ **(Month/Year)** **Rent or Mortgage Amount:** \$ _____

Landlord: _____ **Landlord's Phone Number (** _____ **)**

Landlord's Address: _____ **Landlord's Email:** _____

Reason for Leaving: _____ **Did you rent or own at this address?** _____

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

1.	<u>Current Employer or Income Source</u> _____	<u>Monthly Gross Income \$</u> _____
	<u>Start Date (Day/Month/Year)</u> _____	<u>Contact Name</u> _____
	<u>Contact Email</u> _____	<u>Contact Phone #</u> _____
2.	<u>Current Employer or Income Source</u> _____	<u>Monthly Gross Income \$</u> _____
	<u>Start Date</u> _____ <u>Contact Name</u> _____	<u>Contact Email</u> _____ <u>Contact Phone #</u> _____
3.	<u>Previous Employer / Income Source</u> _____	<u>Monthly Gross Income \$</u> _____
	<u>Contact Name</u> _____	<u>Employment Dates</u> _____
	<u>Contact Email</u> _____	<u>Contact Phone #</u> _____
4.	<u>Previous Employer / Income Source</u> _____	<u>Monthly Gross Income \$</u> _____
	<u>Contact Name</u> _____	<u>Employment Dates</u> _____
	<u>Contact Email</u> _____	<u>Contact Phone #</u> _____

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.**

Do YOU or ANYONE listed on this application have the following ASSETS:
Check either YES or NO to each question.

YES NO

 1. **Checking or savings accounts? (Do not include 529 / 530 Educational Savings Accounts) (SHD103)**

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

 2. **CDs, money market accounts or treasury bills? (SHD 102)**

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

 3. **Trust Fund(s) which is under control of a Household Member?**

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

YES NO

 4. Stocks, bonds or mutual funds? NOTE: This does not include retirement accounts. (SHD102)

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

 5. Cash on Hand (SHD122)

Household Member(s): _____

Amount(s): _____

 6. Savings Bonds (Do not include Baby Bonds)

Household Member(s): _____

Amount(s): _____

 7. Real estate including a primary residence, farm, vacant land, vacation home, rental property, commercial space, or other real estate investments? (SHD112)

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

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

 9. Non-necessary personal property? (Paintings, coin collections, artwork, boat, camper, luxury jewelry, etc.)

<u>Household Member</u>	<u>Type of Personal Property</u>	<u>Value</u>

 10. Safe Deposit Box? (SHD122)

Household Member(s): _____

Contents: _____

Monetary Value of Contents: _____

 11. Whole life insurance policy? (Term life insurance policies are not included) (SHD102)

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

 12. Received any lump sum payments in the last 24 months? (Settlements, inheritance, lottery, etc.) (SHD145)

<u>Household Member</u>	<u>Type of Lump Sum</u>	<u>Amount</u>	<u>Where is Money Located?</u>

YES NO

 13. **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? Example: Giving away an asset (such as cash or a car) and not receiving anything in return, donations to a charity, paying bills for someone not in your household, etc. (SHD144)**

Household Member: _____

Amount: _____

Explanation: _____

 14. **Do you own Cryptocurrency?**

Household Member Amount Where is the Crypto held? (Such as Robinhood)

 15. **Do you have balances in any of the following accounts? Sources include Pre-paid debit cards, Venmo, Cash App, Zelle, PayPal, etc.**

Household Member Source Amount

 16. **Have you received a Federal Tax Refund in the past 12 months?**

Household Member Source Amount

VI. Income Information:

Include all income anticipated for the next 12 months (include employment income for minors turning 18 in the next 12 months) and all other unearned income for minors such as social security benefits.

YES NO

 1. **Employment wages or salaries? (SHD110)**

(Includes overtime, tips, bonuses, commissions, and payments received in cash)

Household Member Employer Name, Phone/Email, Contact Person Amount

 2. **Self-employment? (Copies of last two years tax returns required) (SHD134)**

Household Member Name of Company Amount

 3. **Regular pay as a member of the Armed Forces, including housing allowance? (SHD101)**

Household Member Branch of Service, Phone Number Amount

YES NO

o	o	4. Unemployment benefits? <u>Household Member</u> <u>Source, Phone Number</u>	<u>Amount</u>
<hr/> <hr/>			
o	o	5. Public Assistance, General Relief or W-2? (SHD121) <u>Household Member</u> <u>Source, Phone Number</u>	<u>Amount</u>
<hr/> <hr/>			
o	o	6. Do you receive child support? <i>(List the amount(s) you typically receive, not what is court ordered).</i> (SHD106) <u>Household Member</u> <u>Payor's Name, County</u>	<u>Amount</u>
<hr/> <hr/>			
o	o	7. Do you receive alimony? <i>(List the amount(s) you typically receive, not what is court ordered).</i> (SHD139) <u>Household Member</u> <u>Payor's Name</u>	<u>Amount</u>
<hr/> <hr/>			
o	o	8. Social Security, SSI or any other payments from the Social Security Administration? <i>(Please do separate line items for Federal and State payments)</i> (SHD135) <u>Household Member</u> <u>Source</u>	<u>Amount</u>
<hr/> <hr/>			
o	o	9. Pensions, annuities, or other retirement benefits? (SHD120) <u>Household Member</u> <u>Name of Company, Phone Number, Contact</u>	<u>Amount</u>
<hr/> <hr/>			
o	o	10. Veteran's benefits? Please note amounts for "Aid & Attendance Pay are Excluded" (SHD136) <u>Household Member</u> <u>Source and Phone #</u>	<u>Amount</u>
<hr/> <hr/>			
o	o	11. Severance payments? (SHD119) <u>Household Member</u> <u>Name of Company, Phone #, Contact Name</u>	<u>Amount</u>
<hr/> <hr/>			
o	o	12. Disability, death benefits or life insurance dividends? (SHD102) <u>Household Member</u> <u>Name of Company, Phone #, Contact Name</u>	<u>Amount</u>
<hr/> <hr/>			
o	o	13. Do you receive regular gifts or payments from anyone outside of the household? <i>(This includes anyone supplementing your income or paying any of your bills.)</i> SHD118 & 119 <u>Household Member</u> <u>Source, Phone Number</u>	<u>Amount</u>
<hr/> <hr/>			

YES NO

 14. Payments from rental property or other forms of real estate? (SHD112)

<u>Household Member</u>	<u>Address of Property</u>	<u>Amount</u>

 15. Any other income sources or types not listed (currently or in the next 12 months)?
Household Member Source, Phone Number Amount

 16. Student Financial Aid Received from the Higher Education Act (HEA)? (SHD141 & 142)

Do you receive student financial assistance from the Higher Education Act (HEA) Part 479B or the Bureau of Indian Education? (ex. Federal Pell Grants, Teach Grants, Federal Work Study, Higher Education tribal grants, etc.)

<u>Household Member</u>	<u>Source, Phone Number</u>	<u>Amount</u>

 17. Student Financial Aid Received from other sources? (SHD141 & 142)

Do you receive student financial assistance from any other sources other than the HEA from the question above? (ex. State or Local Grants, Grants/Scholarships from a Business, Grants/Scholarships from an Institute of Higher Education, etc)

<u>Household Member</u>	<u>Source, Phone Number</u>	<u>Amount</u>

 18. Do you receive regular and/or periodic disbursements and/or required minimum distributions from any retirement accounts? (SHD120)

<u>Household Member</u>	<u>Source, Phone Number</u>	<u>Amount</u>

VII. Zero Income Verification:

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

YES NO

 1. Claiming zero income? If so, who? _____
(SHD137)

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) (SHD115)

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.

IX. Marital Status Information: (SHD116)

YES NO

 1. **Are you currently separated, but not divorced from your spouse?**

IF YES, CONTINUE WITH THE FOLLOWING QUESTIONS:

a. **Are you legally separated from your spouse?**
(If yes, attached copy of current legal separation agreement.)

b. **Have you pursued legal action?**
If not, list reason: _____

c. **Do you currently receive any monetary support from your spouse?**
If yes, list monthly amount received: _____

X. Rental Assistance: (SHD113)

YES NO

 1. **Will your household be receiving Section 8 rental assistance at the time of move-in?**

Name of Agency and Contact Person: _____

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

Explanation: _____

3. **Will your household receive any other type of rental assistance in the next 12 months?**

Explanation: _____

XI. Student Status: (SHD138)

YES NO

 1. **Are any household members currently students or will they become students in the next 12 months? (SHD138)**

Household Member Name _____ Full or Part Time _____
Name of School _____ Enrollment Dates _____

Household Member Name _____ Full or Part Time _____
Name of School _____ Enrollment Dates _____

Household Member Name _____ Full or Part Time _____
Name of School _____ Enrollment Dates _____

Household Member Name _____ Full or Part Time _____
Name of School _____ Enrollment Dates _____

XII. Signature Clause:

I/We understand that management is relying on this information to prove my/our household's eligibility for the Low-Income Housing Tax Credit Program and any associated supportive housing programs. I/We certify that all information and answers to the above questions are true and complete to the best of my/our knowledge. I/We consent to release the necessary information to determine my/our eligibility. I/We understand that providing false information or making false statements is grounds for denial of my/our application as well as forfeiture of all application fees and deposits as liquid damages for time and expense, as well as termination of my/our right of occupancy. I/We also understand that such action may result in criminal penalties.

I/We authorize my/our consent to have management verify the information contained in this application for purposes of proving my/our eligibility for occupancy. I/We will provide all necessary information and expedite this process in any way possible. I/We understand that occupancy is contingent on meeting management's resident selection criteria and the Low-Income Housing Tax Credit Program requirements.

I acknowledge that copies of the Rental Agreement, Rules & Regulations and Non-Standard Rental Provisions (if applicable) were made available to me. I agree to sign all of these forms prior to taking occupancy of the unit.

All ADULT household members must sign below:

Signature of Applicant

Date

Signature of Property Manager/Leasing Agent

Date



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

XXX-XX-
Last 4 digits Social Security #

Signature

Date

XXX-XX-
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 SELF-CERTIFICATION FOR HOUSEHOLDS WITH LESS THAN \$52,787 NET FAMILY ASSETS

If your net family assets are greater than \$52,787, this form does not need to be filled out.

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

For the following asset types, include the current Cash Value of **each** asset held by any family member and the actual income that the asset earns. *Cash value is **current market value minus cost to convert** an asset to cash, such as broker's fees, settlement costs, outstanding loans, penalties for early withdrawal, etc.*

Household Name:				Unit#:	
PART I. ASSETS DISPOSED OF FOR LESS THAN FAIR MARKET VALUE (FMV)					
<input type="checkbox"/> Yes <input type="checkbox"/> No		Within the past two (2) years, I/we have sold or given away assets below their fair market value (FMV). (This section should match information provided on application.)			
Asset #1:		Date of Disposal:		FMV less amt received:	
Asset #2:		Date of Disposal:		FMV less amt received:	
PART II: FEDERAL TAX RETURN OR REFUNDABLE FEDERAL TAX CREDIT					
Have you received a federal tax return or refundable federal tax credit in the last 12 months?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				Amount of return/credit:	\$
PART III: NON-NECESSARY PERSONAL PROPERTY (NNPP)					
<input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have any of the following assets: (if yes, please list below)			
Type of Asset	(A) Cash Value*	(B) Annual Income from Asset (Interest Rate)	Type of Asset	(A) Cash Value*	(B) Annual Income from Asset (Interest Rate)
Cash on Hand	\$	N/A	Cryptocurrency	\$	\$
Pre-paid Debit Card (including Govt. Benefits)	\$	N/A	Money Market/ CD	\$	\$
Checking/Savings	\$	\$	Annuities	\$	\$
Checking/Savings	\$	\$	Brokerage Account	\$	\$
Savings	\$	\$	Stocks/Bonds	\$	\$
Internet based assets (Cash App, Venmo, PayPal, Crowdfunding, etc.)	\$	\$	Other:	\$	\$
Whole Life Insurance	\$	\$	Other:	\$	\$
Non-Account Based					
Possessions not generally held in an account such as vehicles used for recreation (e.g., RVs, ATVs, and Boats), antique cars, collectibles (e.g. stamps, jewelry, coins, and artwork.), and equipment/machinery that is not used to generate income for a business					
Description			(A) Cash Value *		
			\$		
			\$		
			\$		
			\$		
PART IV. REAL PROPERTY (REAL ESTATE, HUNTING LAND, ETC.)					
<input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have any Real Property? (if yes, please list below)			
Description of Property	(C) Cash Value*		(D) Income		
	\$		\$		
	\$		\$		

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

Signature of Applicant/Tenant

Date

Signature of Applicant/Tenant

Date

PENALTIES FOR MISUSING THIS CONTENT: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7), and (8). Violations of these provisions are cited as violations of 42 USC 408 (a), (6), (7), and (8).



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.

Signature of Applicant	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.

YES OR NO

1. Is there any member of the household who is **not** a full-time student? _____

If yes, whom _____

2. Are you married and entitled to file a joint federal income tax return?

If yes, please attach a copy of your most recent signed federal income tax return. _____

3. Are you a single parent and neither you nor any of your children are claimed as dependents of any other person? _____

If yes, please attach a copy of your most recent signed federal income tax return. _____

4. Are you receiving Aid to Families with Dependent Children (AFDC or TANF)?

If yes, please provide proof of assistance. _____

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? _____

If yes, please provide proof of participation and program funding source. _____

6. Has any student formally received FosterCare assistance? _____

If yes, please provide proof of participation. _____

7. Are the full-time student(s) employed full time (30+ hours per week) for the next 12 months?

(Not seasonal employment) **YES OR NO** _____

If yes, please provide name and contact of employer: _____

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 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 COMPOSITION

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

Relationship to HH

H – Head of Household

Race

1 – White

Ethnicity

1 – Hispanic or Latino

S – Spouse

2 – Black / African American

2 – NOT Hispanic or Latino

A – Adult Co-Tenant

3 – American Indian / Alaska Native

O – Other Family Member

4 – Asian

C – Child

5 – Native Hawaiian / Other Pacific Islander

F – Foster Child(ren)

L – Live-In Caretaker

N – None of the Above