



# Application for Affordable Housing

All Applications must be complete. An application package which is not complete in its entirety may disqualify an applicant. Applications that do not include telephone numbers, addresses, names, etc. will not be accepted. This community plays an active role in resident integrity, and Management will investigate any and all reports of false statements. Deliberately submitting false, incomplete, or misleading information will be grounds for rejection of the application with no chance to re-apply.

**For Office Use Only**

Date Received: \_\_\_\_\_

Time: \_\_\_\_\_

Received by: \_\_\_\_\_

Applicant Name(s): \_\_\_\_\_

Current Address: \_\_\_\_\_  
Street City State Zip

Daytime Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Bedroom Size Requested: \_\_\_\_\_

## FAMILY COMPOSITION

Please complete the following for each member of the household. Use additional pages if necessary.

Full Name of Household Member	Relationship to Head	Gender (optional)	Date of Birth	Social Security Number	Student? Full or part time? (K-College)
	Self		/ /	- -	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> FT <input type="checkbox"/> PT
			/ /	- -	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> FT <input type="checkbox"/> PT
			/ /	- -	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> FT <input type="checkbox"/> PT
			/ /	- -	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> FT <input type="checkbox"/> PT
			/ /	- -	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> FT <input type="checkbox"/> PT
			/ /	- -	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> FT <input type="checkbox"/> PT

1. Do you or a member of your household need accessible features?  Yes  No
2. Does the HOH require the use of an auxiliary or a live-in aide?  Yes  No
3. Do you have any pending adoptions or foster persons?  Yes  No
4. Do you have full custody of all children under the age of 18?  N/A  Yes  No
5. Do you have any pets?  Yes  No
6. Do you expect any permanent additions to the household within the next 12 months?  Yes  No

Please explain: \_\_\_\_\_

7. Do you currently have a Section 8 voucher?  Yes  No

If yes, which Housing Authority is providing the assistance?  
 \_\_\_\_\_



## INCOME INFORMATION

		Member Name	Gross Monthly Amount
Do you or does any member of your household have income, assistance or benefits from the sources listed below?			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Employment with a third-party receiving wages, salary, overtime pay, commissions, fees, tips, bonuses and/or other compensation (i.e. W2 wages).  <i>If yes, see employment information pages</i>		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Self-employment, including, Uber or Lyft driver, Door dash, Uber Eats, Independent contractor (cash pay, odd jobs) or similar types of positions, rental property, land contracts, or other forms of real estate  <i>If yes, list nature of self-employment below:</i>		\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Cash contributions or gifts (including rent or utility payments) received on an ongoing basis from persons not living with you (exclude food stamps, groceries, and/or day care costs when the day care center is paid directly by the gift-giver)		\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Unemployment benefits		\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Veteran's Administration, GI Bill or National Guard/military benefits/income		\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security benefits  <i>If yes, list how benefits are received below:</i>		\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Supplemental Security Income (SSI) or Social Security Disability Income (SSDI)  <i>If yes, list how benefits are received below:</i>		\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Disability or death benefits other than Social Security  <i>If yes, list how benefits are received below:</i>		\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Public assistance income (examples: TANF/AFDC, AND, OAP, ABD, GA). <b>Do not include Food Stamps</b>  <i>If yes, list which one and how benefits are received below:</i>		\$



<input type="checkbox"/> Yes <input type="checkbox"/> No	Child support order/agreement (whether or not payments are received).  <i>If yes, list state of origination:</i>		\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Alimony/spousal support payments received		\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Periodic payments from trusts, annuities, inheritance, retirement funds or pensions, insurance policies or lottery winnings		\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Income from real or personal property		\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Any other sources of income? <i>If yes, explain below:</i>		\$
<input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> N/A	<b><u>For Section 8 recipients only</u></b> Educational assistance (for full and part time students) in the forms of grants, scholarships, or fellowships (exclude student loan awards which must be repaid)		\$

**CURRENT EMPLOYMENT INFORMATION**

I have not earned wage or self-employment income within the last 12 months. (initial(s)) \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

Member Name			Occupation/Title		
Employer Name			Email Address		
Employer Address and Contact Name					
Date Hired	Rate of Pay \$	<input type="checkbox"/> Hourly <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually	Hours worked per week	Work Phone	Work Fax
Member Name			Occupation/Title		
Employer Name			Email Address		
Employer Address and Contact Name					
Date Hired	Rate of Pay \$	<input type="checkbox"/> Hourly <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually	Hours worked per week	Work Phone	Work Fax



### PREVIOUS EMPLOYMENT INFORMATION

Member Name			Occupation/Title		
Employer Name/Contact Person			Email Address		
Employer Address					
Date Hired	Rate of Pay \$	<input type="checkbox"/> Hourly <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually	Last Day Worked	Work Phone	Work Fax
Member Name			Occupation/Title		
Employer Name/Contact Person			Email Address		
Employer Address					
Date Hired	Rate of Pay \$	<input type="checkbox"/> Hourly <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually	Last Day Worked	Work Phone	Work Fax

### ASSET INFORMATION

Do you or does a member of your household have any of the following assets listed below?		Member Name	Interest Rate	Cash Value
<input type="checkbox"/> Yes <input type="checkbox"/> No	Checking account(s)  <i>If yes, list name of bank(s) below:</i> 1. 2. 3.		%	\$
			%	\$
			%	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Savings account(s)  <i>If yes, list name of bank(s) below:</i> 1. 2. 3.		%	\$
			%	\$
			%	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Direct Express Debit card or Other Pay Card used solely for cash benefit distribution. <b>Do not include debit or credit cards.</b>  <i>If yes, list type below:</i> 1. 2.		N/A	\$
				\$



<input type="checkbox"/> Yes <input type="checkbox"/> No	Revocable or non-revocable trust(s).  <i>If yes, list bank or trustee name below:</i>		%	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	I/we own real estate (or hold a mortgage or Deed of Trust)  <i>If yes, provide description below:</i>		N/A	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Personal property that is being held as an investment  <i>If yes, describe below:</i>		N/A	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Stocks, bonds or Treasury bills  <i>If yes, circle type above and list sources/bank name(s) below:</i> 1. 2.		%	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Certificates of Deposit (CD) or Money Market account(s)  <i>If yes, circle type above and list bank name(s) below:</i> 1. 2.		%	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	IRA/Lump Sum Pension/Keogh Account/401K  <i>If yes, circle type above and list source/bank name(s) below:</i> 1. 2.		%	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	I/we have a whole or universal life insurance policy ( <b>exclude</b> term policies)  <i>If yes, list company below:</i>		N/A	\$



<input type="checkbox"/> Yes <input type="checkbox"/> No	I/we have cash on hand or cash in a safe deposit box, in Venmo, Square, Cash App, or PayPal.		N/A	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	I/we have income from assets or sources other than those listed above <i>If yes, list type below:</i>		N/A	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	In the past two (2) years, I/we have sold or given away assets (such as cash, real estate, etc) for less than fair market value.	If yes, please list the asset disposed, the date disposed, the fair market value and the amount received:		



**SIGNATURE CLAUSE**

I understand that management is relying on this information to prove my household's eligibility for the Low-Income Housing Tax Credit Program, I/We certify that all information and answers to the above questions are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may result in criminal penalties.

I/We authorize and consent to have management verify the information contained in this application for purposes of proving my eligibility for occupancy. I will provide all necessary information including source names, addresses, phone numbers, account numbers (where applicable), and any other information required for expediting this process. I understand that my occupancy is contingent on meeting management's resident selection criteria and the Low-Income Housing Tax Credit Program requirements. THIS UNDERSIGNED APPLICANT HEREBY offers to rent/lease real property described as The Property on Page 1.

It is understood that this Application is not a Rental Agreement/Lease and that Applicant has no rights to said property until a written Rental Agreement/Lease is duly executed after the approval of this Application. Applicant is aware of and agrees to all the covenants and conditions in the proposed Rental Agreement/Lease and agrees to timely execute said Rental Agreement/Lease after notification of the acceptance of this Application and Offer. Time is of the essence.

A background check fee of **\$26.00** per household member, over the age of 18, will be given to the owner/manager by the Applicant when this Application is turned in for processing. A Holding Deposit of **\$400.00** will be given to the owner/manager by the Applicant within 24 hours of the applicant being offered a specific unit.

The Holding Deposit is held in earnest money and is fully refundable if Applicant is denied or if written notice revoking this offer is received within 72 hours by the owner/manager. However, if owner/manager has duly accepted this offer to rent, this application is then to be treated as a completed contract to rent/lease the property, and Applicant's attempted revocation shall be deemed a breach of contract. In either case, the Holding Deposit shall then become nonrefundable to the extent that such deposit may be withheld and used to offset and recompense any and all losses incurred as a result of such breach including, but not limited to, advertising and lost rent until the property is re-rented. Deposits and payments made by check may be cashed at any time. If cashed, Applicant agrees that no refund need be made prior to 30 working days from the date proof is obtained that the maker's bank has cashed and honored said check.

Applicant represents all information on all pages of this Application to be true and accurate and understands that owner/manager will rely upon said information when accepting this Application whether an independent investigation has been performed or not. Applicant hereby authorizes the owner/manager and his/her/its employees and agents to verify said information and make independent investigations in person, by mail, phone, fax or otherwise, to determine Applicant's rental, credit, financial and character standing. Applicant hereby releases owner/manager, his/her/its employees and agents, and any and all other firms or persons investigating or supplying information, from any liability whatsoever concerning the release and/or use of said information and, further, will defend and hold them all harmless from any suit or reprisal whatsoever. All holders, public and private, of any such information are hereby authorized to release, without reservation or limitation, any and all such information they have concerning Applicant and, in so doing, will be acting on Applicant's behalf at Applicant's request and will be held blameless and without any liability whatsoever. A copy, fax, or other reproduction of this Authorization shall be as effective as the original.

All adult household members must sign below:

Resident Signature _____	Date _____ / _____ / _____
Resident Signature _____	Date _____ / _____ / _____
Resident Signature _____	Date _____ / _____ / _____
Resident Signature _____	Date _____ / _____ / _____





# supplementary demographic information

Colorado Housing and Finance Authority (CHFA) requests the following information in order to comply with the Housing and Economic Recovery Act (HERA) of 2008, which requires all Low Income Housing Tax Credit (LIHTC) properties to collect and submit to the U.S. Department of Housing and Urban Development (HUD), certain demographic and economic information on tenants residing in LIHTC-financed properties.

Although CHFA would appreciate receiving this information, you may choose not to furnish it. You will not be discriminated against on the basis of this information, or on whether or not you choose to furnish it. If you do not wish to furnish this information, please check the box below.

**All members must initial form regardless if resident/applicant wishes to furnish the information. Adult member will initial for minors in the household.**

Please initial:

HH #: \_\_\_\_\_ #1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_ #4 \_\_\_\_\_ #5 \_\_\_\_\_ #6 \_\_\_\_\_ #7 \_\_\_\_\_

Resident/Applicant: I do not wish to furnish information regarding ethnicity, race, and other household composition.

enter both ethnicity and race codes for each household member (see below for codes)

hh mbr #	last name	first name	mi	race code	ethnicity code	disability code
1						
2						
3						
4						
5						
6						
7						

race code	
1	African American/Black
2	American Indian/Alaskan Native
3	Asian
4	Asian Indian
5	Asian Other
6	Chinese
7	Filipino
8	Guamanian/Chamarro
9	Japanese
10	Korean
11	Native Hawaiian
12	Native Hawaiian/Pacific Islander
13	Pacific Islander Other
14	Samoan
15	Vietnamese
16	White
17	Other
18	Refused
19	Missing
20	Tenant declined to respond

ethnicity codes	
1	N/A
2	Hispanic
3	Non-Hispanic
4	Hispanic or Latino
5	Not Hispanic or Latino
6	Tenant declined to respond
7	Missing

disability codes	
1	Yes
2	No
3	Tenant declined to respond
4	Missing

# Authorization for the Release of Information

This form enables us to obtain information verifying the amount of income you have indicated you receive and obtain a background screening (which includes a criminal and credit report). In order to continue your housing eligibility, third party verification is required on all income sources. Each member of your household who is 18 years or older must complete this form at move-in and at each annual recertification.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Social Security Number \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_

Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Driver License or ID Number \_\_\_\_\_ State Issued \_\_\_\_\_

Are you subject to a lifetime sex offender registration in any state?  Yes  No

List of all states in which you have resided in since the age of 18: \_\_\_\_\_

## ADDRESS HISTORY

Please complete the following for the last five years. Use additional pages if necessary.

Term of Residence		Full Address	Friend or Family?	Landlord or Property Name	Landlord or Property Phone Number
From (Month/Yr)	To (Month/Yr)				
	<b>CURRENT</b>				

I understand that current or previous information regarding me may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identity, employment, income, assets, student status, criminal background information and utility information. I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued residency participation as a qualified resident. The groups or individuals that may be asked to release the above information include, but are not limited to:

- |  |   |  |
|--|---|--|
| <ul style="list-style-type: none"> <li><input type="radio"/> Credit Bureaus</li> <li><input type="radio"/> Social Security Administration</li> <li><input type="radio"/> Current/Previous Landlords</li> <li><input type="radio"/> Retirement Systems</li> <li><input type="radio"/> Welfare Agencies</li> </ul> | <ul style="list-style-type: none"> <li><input type="radio"/> Educational Institutions</li> <li><input type="radio"/> State Unemployment Agencies</li> <li><input type="radio"/> Veterans Administration</li> <li><input type="radio"/> Support/Alimony Providers</li> <li><input type="radio"/> Utility Provider</li> </ul> | <ul style="list-style-type: none"> <li><input type="radio"/> Past and Present Employers</li> <li><input type="radio"/> Child Care Providers</li> <li><input type="radio"/> Public Housing Agencies</li> <li><input type="radio"/> Banks/Financial Institutions</li> <li><input type="radio"/> Criminal Background Screening</li> </ul> |
|--|---|--|

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and will stay in effect for a year and one month from the date signed.

Resident Signature \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_



# Background Screening Disclosure

It is our policy to investigate the background of all persons interested in living in our community for the last seven (7) years. Before completing your rental application, please read the following and sign at the bottom indicating that you have read, understand and meet the criteria in conjunction with the below criteria:

Charge/Conviction	Misdemeanor	Felony
Violence	3 years	7 years
Drug Related Charge	3 years	5 years
Harassment	3 years	5 years
Sexual Offenses	3 years	No Time Limit
Child Abuse	3 years	7 years
Theft Greater than \$500	1 year	5 years
Kidnapping	3 years	7 years
Arson	5 years	No Time Limit
Aiding/Abetting	3 years	5 years
Hate Crimes	3 years	7 years
Active Warrant	No Time Limit	No Time Limit
Lifetime Sex Offender	No Time Limit	No Time Limit

## Previous Rental History

We will obtain rental verifications from your current and past five (5) years of addresses. Upon reviewing your credit report, if there are past landlords listed where you either currently owe money to or owed money to and have paid, rental verifications will be obtained for those addresses as well. Applicants will be denied for derogatory landlord history if any of the following are reported:

- Late 4 or more times in a year
  - Excessive damage to unit
  - Disruptive conduct (resident or guests)
- Repeated lease violations
  - Damage to common areas
  - Eviction from subsidized housing within the last three years
- Unauthorized occupants
  - False information provided
  - Eviction from a non-subsidized property within the last two years

## Credit

We will obtain a credit report about you. Having dis-favorable credit will not be a denial, however we will deny for the following:

- Balance(s) owed to utility company (this does not include cell phone or cable/satellite providers)
- Balance(s) owed to previous Landlords

Applications will be approved if applicant can provide documentation that balances owed of less than \$500 are paid to previous landlord in full. If balance is more than \$500, applicant can provide documentation regarding payment plan with previous landlord.

By signing below, I/we agree that I/we have read the above Resident Selection Criteria and understand that if any of these apply to any member of the household, the entire household will not be considered for residency at this property.

Resident Signature _____	Date <u>    </u> / <u>    </u> / <u>    </u>
Resident Signature _____	Date <u>    </u> / <u>    </u> / <u>    </u>
Resident Signature _____	Date <u>    </u> / <u>    </u> / <u>    </u>
Resident Signature _____	Date <u>    </u> / <u>    </u> / <u>    </u>

# Verification of Employment

To: \_\_\_\_\_  
 Attn: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Return Form to: **The Mill Apartments**  
 Attn: \_\_\_\_\_  
**1900 Grant St Ste. 540**  
**Denver, CO 80203**  
 Phone: **303.860.7885**  
 Fax: **720.605.0181**  
 Email: **ignacio.vasquez@ross-envolve.com**

The individual named below is applying to/participating in a housing program that requires verification of income and assets. The individual has signed a release below giving you permission to supply us with the information. The information will remain confidential. Please return the completed form to the address/fax/email above.

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

I hereby authorize the above-named to make inquiries regarding my income and assets for the purpose of determining my eligibility for occupancy.

Resident Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Note to Applicant/Resident:** You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank

## THIS SECTION TO BE COMPLETED BY EMPLOYER

*If terminated, Last Day of Employment:* \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date First Employed: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Position: \_\_\_\_\_

Current Wages \$ \_\_\_\_\_ Per  Hour  Week  Month  Year  Other \_\_\_\_\_

Number of regular hours worked per week: \_\_\_\_\_ Pay Method  Cash  Check  Direct Deposit  Other \_\_\_\_\_  
*(If hours vary, please list average anticipated)*

**Gross** Year to Date Pay: \$ \_\_\_\_\_ From \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Through \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Overtime Rate: \$ \_\_\_\_\_ per hour Average number of hours per week: \_\_\_\_\_ Included in the year to date total?  Yes  No

Shift Differential Rate: \$ \_\_\_\_\_ per hour Average number of hours per week: \_\_\_\_\_ Included in the year to date total?  Yes  No

Is this a tipped position?  Yes  No

If yes, \$ \_\_\_\_\_ tips per  Hour  Week  Month  Year  Other \_\_\_\_\_ Included in the year to date total?  Yes  No

Does this employee earn commissions, bonuses, other?  Yes  No

If yes, \$ \_\_\_\_\_ Per  Hour  Week  Month  Year  Other \_\_\_\_\_ Included in the year to date total?  Yes  No

Are there any anticipated change in the employee's rate of pay within the next 12 months?  Yes  No

If yes, please indicate: Effective date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ and amount \$ \_\_\_\_\_ or \_\_\_\_\_ % per  Hour  Week  Month  Year  Other \_\_\_\_\_

Is the employee's work seasonal or sporadic?  Yes  No

If yes, please indicate the layoff period(s): \_\_\_\_\_

Does employee participate in a retirement plan (i.e. 401k)?  Yes  No

**WARNING:** Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful, false statements of misrepresentation to any Department or Agency of the U.S. as to any matter within its jurisdiction

Signature of Person Supplying Information	Name/Title	Date
Address City, State, Zip	Phone	Email

# Certification of Student Status

Head of Household \_\_\_\_\_ Unit Number \_\_\_\_\_

Students include individuals attending public or private elementary schools, middle or junior high schools, senior high schools, colleges, universities, technical, trade or mechanical schools. Students do not include individuals participating in on-the-job training or correspondence courses. Please select **one** option below that describes your **household**:

- The household contains **at least one occupant who is not a student** and has not been and will not be a student for five months or more out of the current and/or upcoming calendar year (*months need not be consecutive*)

List non-student here: \_\_\_\_\_

- The household contains **all students**, but is qualified because at least one occupant is a **part-time** student. Verification of part-time student status is required.

List part time student here: \_\_\_\_\_

- The household contains **all students who were, are or will be full time students** for five months or more out of the current and/or upcoming calendar year (*months need not be consecutive*).

**If yes, you must answer all five questions below:**

	Yes	No
Are the students married and entitled to file a joint tax return? ( <i>Attach an affidavit or tax return</i> )	<input type="checkbox"/>	<input type="checkbox"/>
Is at least one student a single parent with child(ren), <b>and</b> this parent is not a dependent of someone else, <b>and</b> the child(ren) is/are not dependent(s) of someone other than the parent(s)?	<input type="checkbox"/>	<input type="checkbox"/>
Is at least one student receiving Temporary Assistance to Needy Families (TANF)?	<input type="checkbox"/>	<input type="checkbox"/>
Does at least one student participate in a program receiving assistance under the Job Training Partnership Act, Workforce Investment Act, or under other similar federal, state, or local laws?	<input type="checkbox"/>	<input type="checkbox"/>
Does the household consist of at least one student who was previously under foster care?	<input type="checkbox"/>	<input type="checkbox"/>

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 and belief. I/we agree to notify management immediately of any changes in this household's student status. I/we understand that providing false representations constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of the lease agreement.

Resident Signature _____	Date <u>  </u> / <u>  </u> / <u>  </u>
Resident Signature _____	Date <u>  </u> / <u>  </u> / <u>  </u>
Resident Signature _____	Date <u>  </u> / <u>  </u> / <u>  </u>
Resident Signature _____	Date <u>  </u> / <u>  </u> / <u>  </u>

# SEASONAL WORKER AFFIDAVIT

*Any adult applying to live in a tax credit unit who has a seasonal job should complete this form*

**Applicant/Tenant:** \_\_\_\_\_ **Unit #:** \_\_\_\_\_

Name of Seasonal Employer: \_\_\_\_\_

Are you employed at this job for only a portion of the year?

**YES**                      **NO**

Please list the dates that you **DO NOT** work at this job:

\_\_\_\_\_

During your lay off period, please check the following as applicable:

- |   |                                     |                                    |
|---|-------------------------------------|------------------------------------|
| 1. I will receive unemployment benefits               | <input type="checkbox"/> <b>YES</b> | <input type="checkbox"/> <b>NO</b> |
| 2. I have/will look for another job                   | <input type="checkbox"/> <b>YES</b> | <input type="checkbox"/> <b>NO</b> |
| 3. I will receive gift income from friends/family/etc | <input type="checkbox"/> <b>YES</b> | <input type="checkbox"/> <b>NO</b> |
| 4. I will have zero income status                     | <input type="checkbox"/> <b>YES</b> | <input type="checkbox"/> <b>NO</b> |
| 5. Other  | <input type="checkbox"/> <b>YES</b> | <input type="checkbox"/> <b>NO</b> |

- If **YES** to 1, 2 or 3 please list the amount of income expected to be received:

\_\_\_\_\_

- If **OTHER** please explain:

\_\_\_\_\_

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

\_\_\_\_\_  
(Signature of Tenant)

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Signature of Manager)

\_\_\_\_\_  
Date

