

**MOVE IN APPLICATION FOR PUEBLO VILLAGE APARTMENTS**

Project Name \_\_\_\_\_ Unit # \_\_\_\_\_ No. of Bedrooms \_\_\_\_\_

Phone (home) \_\_\_\_\_ (work) \_\_\_\_\_

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

**PLEASE PRINT. PLEASE ANSWER ALL QUESTIONS! Do not leave any space or blanks, write "NO or N/A" where appropriate.**

**PART I - FAMILY COMPOSITION - To be completed by applicant**

**Directions to Applicant:** Please complete the table below for each member of your household, whether or not those members are related. Include all members who you anticipate will live with you at least 50% of the time during the next 12 months. (A full time student is anyone who is enrolled for at least five calendar months for the number of hours or courses which are considered full-time attendance by that institution. The five calendar months need not be consecutive.)

Pueblo Village Apartments does not discriminate on the basis of disability status in the admission to, or treatment or employment in, its federally assisted programs and activities.

Applicants with disabilities may seek assistance with completion of this application at any time.

Does anyone in the household need a reasonable accommodation to complete the application process? (Circle one) YES OR NO

Name <u>ALL</u> People to Occupy Unit LAST NAME FIRST MI	DOB	Age	Sex	Relationship	Social Security #	Student? "Yes" or "No"	If "Yes" PT or FT
1.				HEAD			
2.							
3.							
4.							
5.							
6.							
7.							
8.							

Please complete the following questions:

- (1) Spouse's Maiden Name: \_\_\_\_\_
- (2) Do you expect any changes in the household composition in the next 12 months? \_\_\_\_\_  
\_\_\_\_\_
- (3) Do you or any other adult members of the household anticipate a change to the current income information within the next 12 months (i.e. seeking employment, expecting child support/alimony, expecting a promotion, etc.)? Y/N \_\_\_\_\_ (please describe) \_\_\_\_\_  
\_\_\_\_\_
- (4) Do all of the above household members reside in the household 100% of the time? Y/N \_\_\_\_\_ If no, please list the household members that do not live in the household 100% of the time: \_\_\_\_\_

**STUDENT STATUS**

- (5) Are all occupants' full-time students? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, please answer the following sections:

**Question to determine household eligibility with regard to Low Income Housing – Tax Credit:**

- a) Are any of the students married and already filing a joint Federal Income Tax Return with their spouse? Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, and all household members are full time students, attach a copy of the Signed Federal Income Tax Return).
- b) Are any of the students receiving assistance under Title IV of the Social Security Act, which includes but is not limited to TANF/TAFF/AFDC? Yes \_\_\_\_\_ No \_\_\_\_\_
- c) Are any of the students enrolled in a job training program receiving assistance under the Workforce Investment Act or under similar Federal, State or local laws? Yes \_\_\_\_\_ No \_\_\_\_\_
- d) Are any of the students a single parent with minor child(ren) and neither the student, nor any of the minor child(ren) in the household are claimed as a dependent of a third party? Yes \_\_\_\_\_ No \_\_\_\_\_  
(If yes, and all household members are full time students, a signed copy of your Tax Return and Divorce Decree must be attached).
- e) Have any of the students ever been in Foster Care? Yes \_\_\_\_\_ No \_\_\_\_\_

**Questions to determine household eligibility with regard to Section 8 assistance:**

**\*\* Each member must qualify independent of one another \*\***

**THIS SECTION MUST BE COMPLETED FOR ALL HOUSEHOLD MEMBERS.**

- f) Are you enrolled as either a part-time or full-time student at an institution of higher education for the purpose of obtaining a degree, certificate, or other program leading to a recognized educational credential? Member 1: Yes \_\_\_\_\_ No \_\_\_\_\_ Member 2: Yes \_\_\_\_\_ No \_\_\_\_\_ Member 3: Yes \_\_\_\_\_ No \_\_\_\_\_ Member 4: Yes \_\_\_\_\_ No \_\_\_\_\_ Member 5: Yes \_\_\_\_\_ No \_\_\_\_\_ Member 6: Yes \_\_\_\_\_ No \_\_\_\_\_ Member 7: Yes \_\_\_\_\_ No \_\_\_\_\_ Member 8: Yes \_\_\_\_\_ No \_\_\_\_\_
- g) Are you 24 years of age or older? Member 1: Yes \_\_\_\_\_ No \_\_\_\_\_ Member 2: Yes \_\_\_\_\_ No \_\_\_\_\_ Member 3: Yes \_\_\_\_\_ No \_\_\_\_\_ Member 4: Yes \_\_\_\_\_ No \_\_\_\_\_ Member 5: Yes \_\_\_\_\_ No \_\_\_\_\_ Member 6: Yes \_\_\_\_\_ No \_\_\_\_\_ Member 7: Yes \_\_\_\_\_ No \_\_\_\_\_ Member 8: Yes \_\_\_\_\_ No \_\_\_\_\_
- h) Are you married? Member 1: Yes \_\_\_\_\_ No \_\_\_\_\_ Member 2: Yes \_\_\_\_\_ No \_\_\_\_\_ Member 3: Yes \_\_\_\_\_ No \_\_\_\_\_ Member 4: Yes \_\_\_\_\_ No \_\_\_\_\_ Member 5: Yes \_\_\_\_\_ No \_\_\_\_\_ Member 6: Yes \_\_\_\_\_ No \_\_\_\_\_ Member 7: Yes \_\_\_\_\_ No \_\_\_\_\_ Member 8: Yes \_\_\_\_\_ No \_\_\_\_\_
- i) Are you a veteran of the United States Military? Member 1: Yes \_\_\_\_\_ No \_\_\_\_\_ Member 2: Yes \_\_\_\_\_ No \_\_\_\_\_ Member 3: Yes \_\_\_\_\_ No \_\_\_\_\_ Member 4: Yes \_\_\_\_\_ No \_\_\_\_\_ Member 5: Yes \_\_\_\_\_ No \_\_\_\_\_ Member 6: Yes \_\_\_\_\_ No \_\_\_\_\_ Member 7: Yes \_\_\_\_\_ No \_\_\_\_\_ Member 8: Yes \_\_\_\_\_ No \_\_\_\_\_
- ii) Do you have dependents? Member 1: Yes \_\_\_\_\_ No \_\_\_\_\_ Member 2: Yes \_\_\_\_\_ No \_\_\_\_\_ Member 3: Yes \_\_\_\_\_ No \_\_\_\_\_ Member 4: Yes \_\_\_\_\_ No \_\_\_\_\_ Member 5: Yes \_\_\_\_\_ No \_\_\_\_\_ Member 6: Yes \_\_\_\_\_ No \_\_\_\_\_ Member 7: Yes \_\_\_\_\_ No \_\_\_\_\_ Member 8: Yes \_\_\_\_\_ No \_\_\_\_\_
- iii) Are you a person with a disability? Member 1: Yes \_\_\_\_\_ No \_\_\_\_\_ Member 2: Yes \_\_\_\_\_ No \_\_\_\_\_ Member 3: Yes \_\_\_\_\_ No \_\_\_\_\_ Member 4: Yes \_\_\_\_\_ No \_\_\_\_\_ Member 5: Yes \_\_\_\_\_ No \_\_\_\_\_ Member 6: Yes \_\_\_\_\_ No \_\_\_\_\_ Member 7: Yes \_\_\_\_\_ No \_\_\_\_\_ Member 8: Yes \_\_\_\_\_ No \_\_\_\_\_
- iv) Are you living with your parents who are receiving Section 8 assistance? Member 1: Yes \_\_\_\_\_ No \_\_\_\_\_ Member 2: Yes \_\_\_\_\_ No \_\_\_\_\_ Member 3: Yes \_\_\_\_\_ No \_\_\_\_\_ Member 4: Yes \_\_\_\_\_ No \_\_\_\_\_ Member 5: Yes \_\_\_\_\_ No \_\_\_\_\_ Member 6: Yes \_\_\_\_\_ No \_\_\_\_\_ Member 7: Yes \_\_\_\_\_ No \_\_\_\_\_ Member 8: Yes \_\_\_\_\_ No \_\_\_\_\_
- v) Are you individually eligible to receive Section 8 assistance OR have parents that (individually or jointly) who are income eligible to receive Section 8 assistance? Member 1: Yes \_\_\_\_\_ No \_\_\_\_\_ Member 2: Yes \_\_\_\_\_ No \_\_\_\_\_ Member 3: Yes \_\_\_\_\_ No \_\_\_\_\_ Member 4: Yes \_\_\_\_\_ No \_\_\_\_\_ Member 5: Yes \_\_\_\_\_ No \_\_\_\_\_

**\*NOTE: Unless the student can demonstrate his or her independence from parents, the student must be eligible to receive Section 8 assistance and the parents (individually or jointly) must be eligible to receive Section 8 assistance in order for the tenant to receive Section 8 assistance.\***

- (6) Does any adult member of the household anticipate enrolling in the next twelve (12) months as a student?  
 Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, who \_\_\_\_\_  
 Name of School(s): \_\_\_\_\_ Address: \_\_\_\_\_

**PART I - FAMILY COMPOSITION (CONTINUE) - To be completed by applicant**

- (7) Current Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ (date \_\_\_\_\_) Divorced \_\_\_\_\_ (date \_\_\_\_\_)  
 Separated \_\_\_\_\_ (date \_\_\_\_\_) Widowed \_\_\_\_\_ (date \_\_\_\_\_)

**PART II - HOUSEHOLD INCOME - To be completed by applicant**

For questions (8) through (27), indicate the amount of anticipated income for all household members named in the table on page 1 (for minors, unearned income amounts only), during the 12 month period beginning this date. If you are uncertain which types of income must be included or may be excluded, please ask the management personnel for assistance.

Are you or any adult claiming zero income? Yes \_\_\_\_\_ No \_\_\_\_\_

(8) Wages or salaries (include overtime, tips, bonuses, commissions and payments received in cash)	\$ _____
(9) Child support (include child support you are entitled to but may not be receiving)	\$ _____
Are you currently receiving child support? _____	
(10) Alimony (include alimony you are entitled to but may not be receiving)	\$ _____
Are you currently receiving alimony? _____	
(11) Social Security	\$ _____
(12) Supplemental Security Income (SSI)	\$ _____
(13) Public Assistance - ADC, TANF, and/or Aid to Families w/Dependent Children (AFDC)	\$ _____
(14) Veterans Administration Benefits	\$ _____
(15) Pensions and/or Annuities	\$ _____
(16) Unemployment Compensation	\$ _____
(17) Disability, Death Benefits and/or Life Insurance Dividends	\$ _____
(18) Workers' Compensation	\$ _____
(19) Severance Pay	\$ _____
(20) Net Income from a Business (Self Employment, including rental property, land contracts or other forms of real estate)	\$ _____
(21) Income from Assets	\$ _____
(22) Regular Contributions and/or Gifts from Person not residing at unit	\$ _____
(23) Lottery Winnings or Inheritances (paid as an annuity)	\$ _____

(24) All regular pay paid to members of the Armed Forces (Military Pay)	\$ _____
(25) Education Grants, Scholarships or Other Student Benefits (including other sources i.e. parents)	\$ _____
(26) Long Term Medical Care Insurance Payments in excess of \$180.00 per day	\$ _____
(27) Other Income _____	\$ _____
<b>TOTAL</b>	\$ _____
(28) Total Gross Annual Income from Previous Year	\$ _____
<b>PART III - ASSET INCOME    -    To be completed by applicant</b>	

**CURRENT ASSETS** - List all assets currently held by all household members and the cash value of each. The Cash value is the market value of the asset minus reasonable costs there were, or would be, incurred in selling or converting the asset to cash.

YES	NO	CASH VALUE/APY	
<b>Do You or Anyone in Your Household Have:</b>			
(29) _____	_____	Savings Account?	\$ _____ APY _____ Bank _____
(30) _____	_____	Checking Account?	\$ _____ APY _____ Bank _____
(31) _____	_____	Certificates of Deposit?	\$ _____ APY _____ Bank _____
(32) _____	_____	Safety Deposit Box?	\$ _____ APY _____ Bank _____
(33) _____	_____	Trust Account?	\$ _____ APY _____ Bank _____
(34) _____	_____	Any Stocks or Securities?	\$ _____ APY _____ Bank _____
(35) _____	_____	Any Treasury Bills?	\$ _____ APY _____ Bank _____
(36) _____	_____	Retirement Fund? (Include IRA's, Keogh accounts)	\$ _____ APY _____ Bank _____
(37) _____	_____	Mutual Funds?	\$ _____ APY _____ Bank _____
(38) _____	_____	Savings Bonds?	\$ _____ APY _____ Bank _____
(39) _____	_____	Money Market Account?	\$ _____ APY _____ Bank _____
(40) _____	_____	Cash on Hand?	\$ _____
(40 a ) _____	_____	Prepaid Debit?	\$ _____ Card/Bank Name _____

**Do You or Anyone in Your Household:**

(41) \_\_\_\_\_ Do you or any other member of your household have any Whole or Universal Life Insurance Policies? Is so who is this listed with: \_\_\_\_\_

Cash Value \$ \_\_\_\_\_

(42) \_\_\_\_\_ Have any Personal Property held as an Investment (this includes: paintings, artwork, collector or show cars, jewelry, coin or stamp collections, antiques etc.)? \_\_\_\_\_

Cash Value \$ \_\_\_\_\_

(43) \_\_\_\_\_ Own equity in real estate, rental property, land contracts/contract for deeds or other real estate holdings or other capital investments (this includes your personal residence, mobile homes, vacant land, farms, vacation homes, or commercial property)?

If yes, Type of Property: \_\_\_\_\_

Location of Property: \_\_\_\_\_

Appraised Market Value: \_\_\_\_\_

Mortgage or Outstanding loans balance due: \_\_\_\_\_

Amount of Annual Insurance Premium: \_\_\_\_\_

Amount of most recent tax bill: \_\_\_\_\_

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**PART III - ASSET INCOME (CONTINUE) - To be completed by applicant**

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(44) \_\_\_\_\_ Have you sold or disposed of any property in the last 2 years?

If yes, type of property: \_\_\_\_\_

Market Value when sold or disposed: \_\_\_\_\_

Amount sold or disposed for: \_\_\_\_\_

Date of Transaction: \_\_\_\_\_

(45) \_\_\_\_\_ Received any Lump Sum Receipts? (Include inheritances, capital gains, lottery winnings, insurance settlements and other claims)? When \_\_\_\_\_ Cash Value \$ \_\_\_\_\_

Where are Funds Held? \_\_\_\_\_

(46) \_\_\_\_\_ Have you disposed of any other assets in the last 2 years (Example: given money away to relatives, set up Irrevocable Trust Accounts)?

If yes, describe the asset: \_\_\_\_\_

Date of Disposition: \_\_\_\_\_

Amount disposed: \_\_\_\_\_

(47) \_\_\_\_\_ Do you have any other assets not listed above (excluding personal property)?

If yes, please list: \_\_\_\_\_

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**PART IV - EMPLOYMENT HISTORY - To be completed by applicant**

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(48) Head's Current Employer: \_\_\_\_\_

How Long? \_\_\_\_\_ Supervisor: \_\_\_\_\_

Salary: \$ \_\_\_\_\_ Circle One: Annually Weekly Bi-weekly Monthly

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

Address City State Zip Phone

(49) Head's Previous Employer: \_\_\_\_\_

How Long? \_\_\_\_\_ Supervisor: \_\_\_\_\_

Salary: \$ \_\_\_\_\_ Circle One: Annually Weekly Bi-weekly Monthly

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

Address City State Zip Phone

(50) Spouse Current Employer: \_\_\_\_\_

How Long? \_\_\_\_\_ Supervisor: \_\_\_\_\_

Salary: \$ \_\_\_\_\_ Circle One: Annually Weekly Bi-weekly Monthly

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

Address City State Zip Phone

(51) Other Applicant's Current Employer: \_\_\_\_\_  
 How Long? \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Salary: \$ \_\_\_\_\_ Circle One: Annually Weekly Bi-weekly Monthly  
 Employer Address: \_\_\_\_\_  
 Address City State Zip Phone

**PART V - REFERENCES - To be completed by applicant**

Name	Address / Phone
(52) _____	_____
(53) _____	_____
(54) _____	_____

**PART VI – RENTAL HISTORY - To be completed by applicant**

(55) Residence History: Current & Previous Landlords:  
 (Past 2 years residence including any owned by applicants.)

Current Address	Rent/Month	Utilities/Month	Reason for Leaving
_____	_____	_____	_____
Landlord Name	Landlord Address		Landlord Phone
_____	_____		_____
Previous Address	Rent/Month	Utilities/Month	Reason for Leaving
_____	_____	_____	_____
Landlord Name	Landlord Address		Landlord Phone
_____	_____		_____

Drivers License # of applicant \_\_\_\_\_ state issued \_\_\_\_\_ Resident \_\_\_\_\_  
 Drivers License # of applicant \_\_\_\_\_ state issued \_\_\_\_\_ Resident \_\_\_\_\_  
 Drivers License # of applicant \_\_\_\_\_ state issued \_\_\_\_\_ Resident \_\_\_\_\_  
 Drivers License # of applicant \_\_\_\_\_ state issued \_\_\_\_\_ Resident \_\_\_\_\_

**PART VII - OTHER - To be completed by applicant**

(56) Do you have full custody of your child (ren)? Explain the custody arrangements: \_\_\_\_\_  
 \_\_\_\_\_  
 (57) Would you or any members of your household benefit from a handicapped-accessible unit? Yes\_\_\_\_\_ No\_\_\_\_\_  
 If yes, explain: \_\_\_\_\_  
 (58) Have you ever been evicted? Yes\_\_\_\_\_ No\_\_\_\_\_  
 If yes, explain: \_\_\_\_\_  
 (59) Have you ever filed for bankruptcy? Yes\_\_\_\_\_ No\_\_\_\_\_  
 If yes, explain: \_\_\_\_\_  
 (60) Have you ever been convicted of a felony? Yes\_\_\_\_\_ No\_\_\_\_\_  
 If yes, explain: \_\_\_\_\_

(A) Are you or any member of your family currently using an illegal substance? Yes\_\_\_\_\_ No\_\_\_\_\_

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**PART VII - OTHER (CONTINUE) - To be completed by applicant**

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- (61) Will you or any ADULT household member require a live-in care attendant to live independently? \_\_\_\_\_  
If so, do you pay any expenses for a care attendant or for any equipment for a handicapped or disabled household member necessary to permit that person or someone else in the household to work? Yes\_\_\_\_\_ No\_\_\_\_\_ If so, what is the name, address and phone number and cost that you pay: \_\_\_\_\_
- (62) Do you have expenses for child care for a child aged 12 or younger?  
Yes\_\_\_\_\_ No \_\_\_\_\_  
If so, what is the weekly cost: \_\_\_\_\_
- (63) Have you ever received rental assistance? Yes\_\_\_\_\_ No\_\_\_\_\_  
If yes, explain: \_\_\_\_\_  
  
a. Has your rental assistance ever been terminated for fraud, non-payment of rent or failure to recertify?  
Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, explain: \_\_\_\_\_  
\_\_\_\_\_
- (64) Will this be your only place of residence? Yes\_\_\_\_\_ No\_\_\_\_\_  
If no, explain: \_\_\_\_\_

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**PART VIII - RESIDENT'S STATEMENT - To be completed by applicant**

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- (65) Do you have a legal right to be in the United States: (check one that applies)
- \_\_\_\_\_ Yes, because I am a United States Citizen  
\_\_\_\_\_ Yes, because I have valid documentation from the Bureau of Citizenship and Immigration Services (formerly The Immigration and Naturalization Service)  
\_\_\_\_\_ No

If you answered "Yes" because you are a non-U.S. citizen with valid documentation, you must provide documentation and complete paperwork required by the Department of Housing and Urban Development, so we can verify that you are a NonCitizen with eligible immigration status.

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**PART IX – SPECIAL NEEDS - To be completed by applicant**

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- (66) Does anyone your household have special needs? (Y/N)\_\_\_\_\_
- (67) Special living accommodations required? (Y/N)\_\_\_\_\_
- If yes please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- (68) Does anyone in the household have any pets? If so, what kind? \_\_\_\_\_
- (69) Does anyone in the household have a service animal? If so, what kind? \_\_\_\_\_  
(proper documentation required on Property's form and verified annually)

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**PART X – FOR ELDERLY FAMILIES ONLY**

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- (70) Do you have Medicare? \_\_\_\_\_ If yes, what is your monthly premium? \_\_\_\_\_
- (71) Do you have any other kind of insurance that you pay a premium for? \_\_\_\_\_ If yes, who is the carrier and the monthly premium? \_\_\_\_\_

- (72) Any re-occurring medical expenses you expect to incur within the next 12 months? \_\_\_\_\_
- (73) If you use the same pharmacy regularly and pay for prescriptions, please provide amount, and the name and address of pharmacy: \_\_\_\_\_

**PART XI – IN CASE OF EMERGENCY, NOTIFY: - To be completed by applicant**

Name / Relationship	Address	Phone

**PART XII - CERTIFICATION OF QUALIFICATION FOR FEDERAL PREFERENCES**

- (74) Are you currently paying more than one-half of your total monthly household income for rent and utilities? Yes\_\_\_\_\_ No\_\_\_\_\_
- If yes, please fill out the following:
- My current monthly rent is \$\_\_\_\_\_
- Does this include utilities? Yes\_\_\_\_\_ No\_\_\_\_\_
- If not, how much do you pay for the following utilities each month?
- |                     |          |
|---------------------|----------|
| Heat                | \$ _____ |
| Cooking             | \$ _____ |
| Hot Water           | \$ _____ |
| Lights/Refrigerator | \$ _____ |
| Water, Sewer, Trash | \$ _____ |
| Total monthly cost  | \$ _____ |
- (75) Have you been required to move from your housing due to natural disaster (i.e., fire, flood, etc) and have not yet found suitable replacement housing? Yes\_\_\_\_\_ No\_\_\_\_\_
- (76) Have you been required to move because you have been displaced by government action or action by a private landlord beyond your control and have not yet found suitable replacement housing? (DO NOT ANSWER YES if you were evicted by the landlord because you did not pay the rent, or because you violated some other part of your lease or rental agreement, or if you moved because the landlord increased your rent.) Yes\_\_\_\_\_ No\_\_\_\_\_
- (77) Have you been informed that you will be required to move within the next 6 months because of an action of the government or private landlord which you cannot control. (DO NOT ANSWER YES if you were evicted by the landlord because you did not pay the rent, or because you violated some other part of your lease or rental agreement, or if you moved because the landlord increased your rent.) Yes\_\_\_\_\_ No\_\_\_\_\_
- (78) Do you live in a household where actual or threatened physical violence from another member of the household occurs? Yes\_\_\_\_\_ No\_\_\_\_\_
- (79) Do you currently live in substandard housing? Yes\_\_\_\_\_ No\_\_\_\_\_ The housing is substandard because (check all that apply)
- \_\_\_\_\_ It has no working indoor plumbing, no usable flush toilet, or no usable bathtub or shower.
- \_\_\_\_\_ It has no electrical service or has unsafe electrical service.
- \_\_\_\_\_ It has unsafe or inadequate heating.
- \_\_\_\_\_ It does not have a kitchen.
- \_\_\_\_\_ It is dilapidated or unsafe.
- \_\_\_\_\_ It is a shelter for the homeless or a place not ordinarily used or designed for sleeping.



**PART XIII - RESIDENT'S STATEMENT - To be completed by applicant**

provided is true and correct to the best of my knowledge. *Note: If Applicant is under 19 in the State of Nebraska or under 18 in the State of Iowa, the applicant is considered a minor; therefore, a Guarantor is required.*

**SIGNATURE OF ALL PARTIES TO THIS APPLICATION, 18 YEARS OR OLDER:**

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<b>Applicant Signature (Head)</b>	<b>Date</b>
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Applicant Signature (Co-Head) \_\_\_\_\_ Date \_\_\_\_\_

**Other Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

\_\_\_\_\_  
**Other Applicant Signature** **Date**

**To be completed by Owner / Property Manager:**

**OWNER'S STATEMENT:** Based on the representations herein and upon the proof and documentation obtained, the household named in Section 1 of this Application/Certification is eligible under the provisions of Section 42 of the Internal Revenue Code, as amended, to live in a unit in the development. Based on the representations herein and upon the proofs and documentation obtained, the household constitutes a low-income resident who's anticipated annual income for the next twelve months does not exceed:

**For Initial Application:**                      \$\_\_\_\_\_ (Income Limit for Household Size)

For Recertification: \$ \_\_\_\_\_ (Current Income Limit for Household Size)  
 x 140 % (multiplied x 140 %)  
 \$ \_\_\_\_\_ TOTAL

**Signature of Owner's or Developer's**

Authorized Representative: \_\_\_\_\_ Date: \_\_\_\_\_

## STATEMENT OF APPLICANT

I \_\_\_\_\_ understand that if the amount of assets or income are greater than the amounts declared by me, or if undeclared assets or income are revealed, this is sufficient cause for me to be terminated as far as Housing Assistance Payments are concerned.

I fully understand that only those listed on the unit lease are permitted to be living with me, and I am to report any changes of family composition or income to the Office Manager immediately.

Any falsification of information will be sufficient cause for me to forfeit the Housing Assistance Payments.

I understand it is a criminal offense, under Section 1001 of Title 18 of the U.S. Code to willfully make false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Signature of Spouse/Co-Head

Witnessed by:

\_\_\_\_\_