



# The Townhomes at Factory Square Resident Selection Criteria

Effective April 9, 2018

Humphrey Management, managing agent for The Townhomes at Factory Square, has established the following SELECTION CRITERIA to be used as an instrument in selecting and processing applicants.

Humphrey Management will follow and abide by the Fair Housing and Equal Opportunity Laws and any other Fair Housing and Civil Rights Laws in effect in selecting residents. We will not discriminate against any person because of race, color, religion, sex, national origin, ancestry, age, familial status, disability, sexual orientation/preference, gender identity, marital status or use of a guide dog. Each applicant will be evaluated according to the following criteria.

The following guides will be used to determine eligibility:

1. The Federal Register
2. The Federal Fair Housing Law
3. The State/Local Fair Housing Law
4. The Low Income Housing Tax Credit Guidelines/Section 42 IRC
5. The Federal Fair Credit Reporting Act and other state and local credit reporting laws

These criteria will be posted in the leasing office and made available for applicants to review. It will be updated periodically in accordance with changes implemented in federal and state guides. Any questions pertaining to these selection criteria should be directed to the Community Manager.

## General Community Information

This is a family community consisting of 52 two and three bedroom flats and townhomes, serving qualified low income households.

## Low Income Housing Tax Credit Program

All of the units in this community are governed by the Low Income Housing Tax Credit Program requirements.

This property is not market-rate or conventional housing. Rents are restricted to be affordable for households whose income is below 60% of area median income. As part of the move-in certification process applicants will be asked to disclose, provide verification of, and certify personal information regarding income, assets, household composition, custody of minors and student status to determine program eligibility. Once a year residents must meet with management to complete the annual recertification process, and will be required to disclose personal information in a manner similar to the move-in process.

This program is not a subsidized housing program. Each Resident is responsible for the full amount of rent each month. The rental amount is not based on your individual household income, rather the pre-set income limits in the area.

## Program Eligibility

### Income Requirement

Occupancy is limited to households with income at or below 60% of published local median income when they move into the community.



This community is dedicated to housing families at affordable rates and various income levels. This community is targeting:

- 3 households at or below 20% AMI as adjusted for family size
  - 2 of these units are accessible housing set aside for persons with disabilities.
- 24 households at or below 50% AMI as adjusted for family size
- 25 households at or below 60% AMI as adjusted for family size

If no units are available in the applicant's income level, they will be placed on a waitlist until such time that a unit that meets the applicant's income becomes available.

In determining the appropriate income limits based on household size management shall count all persons living in the unit except for live-in aides and guests, and shall count the following individuals who are not living in the unit: (a) children who are temporarily in a foster home who will return to the household; (b) children in joint custody arrangements who are present in the household 50% or more of the time; (c) children who are away at school, but who live with the family during school recesses; (d) unborn children of pregnant women; (e) children in the process of being adopted by an adult household member; (f) temporarily absent family members who are still considered household members; (g) family members in the hospital or rehabilitation facility for periods of limited or fixed duration; and (h) persons permanently confined to a hospital or nursing home\*.

\*An individual permanently confined to a nursing home or hospital may not be named as the household head, spouse, or co-head but may continue as a household member at the family's discretion. The family's decision on whether or not to include the permanently confined family member as a household member determines if that person's income will be counted.

- Include the individual as a household member and the income and allowable deductions related to the medical care of the permanently confined individual are counted; or
- Exclude the individual as a household member and the income and allowances based on the medical care of the permanently confined individual are not counted.

#### Management Income Criteria – Affordability

In order to ensure residents are not financially overburdened, applicants must meet minimum affordability standards. The rent cannot exceed 40% of the applicant's monthly gross income. If the applicant does not meet this requirement but has an affordability factor between 41% and 50% and has 12 month's rent in verifiable available assets, the affordability criteria can be considered met based on approval.

If the 40% affordability standard cannot be met and an applicant does not have the required available assets to qualify for approval at the 41% - 50% affordability range, a co-signer may be obtained. The co-signer must pass a credit check (See credit history standards on Page 6 and 7) and have verifiable income which is at least an affordability ratio no higher than 20% of monthly rent to income. The co-signer can be released from this obligation if at any lease renewal period the resident(s) can show that they have no late rent payments and they qualify at the affordability standards in effect at the time of the request.

This affordability requirement does not apply to applicants receiving an acceptable form of rental assistance, in which the landlord has a contractual relationship with the rental assistance provider.

#### Vouchers

Housing Choice Vouchers or other type of rental assistance are accepted. No applicant will be denied solely on the basis that they receive rental assistance. All applicants, including those receiving rental assistance, must meet all eligibility standards outlined in this Resident Selection Criteria. A Housing Choice Voucher or other valid rental assistance program will be used to establish the applicant's affordability standard is met.

Humphrey Management reserves the right to verify participation in the rental assistance program as part of the eligibility process. The payment standard of the rental assistance must meet or exceed the current contract rent of the apartment for which the applicant is applying.

### Student Eligibility Requirement

Households made up entirely of full-time students are not eligible to live in units receiving tax credits. However, there are four exceptions to the full-time student restriction (Section 42 (i)(3)(D)). Full time student households that are income eligible and satisfy one or more of the following conditions can be considered eligible residents:

- All adult household members are:
  - Single parents and neither they nor any of their children are listed as dependents on the tax returns of another individual, except the child(ren) may be claimed by the absent parent; or
  - Married and eligible to file a joint tax return; or
- At least one member of the household:
  - Receives assistance under Title IV of the Social Security Act (i.e., AFDC, TANF assistance); or
  - Was previously in foster care, such as Child Welfare Services, or a state foster care or state transitional independent living program; or
  - Is enrolled in a job training program receiving assistance under the Job Training Partnership Act, or similar federal, state or local laws, and effective for households

A full time student is defined as any individual who (1) has been or will be a full-time student during each of five calendar months during the current or upcoming calendar year, (2) at a regular educational institution with regular facilities, and (3) who also meets all the institution’s requirements for full-time student status.

- Students enrolled in on-the-job training courses or pursuing their GED are not considered full-time students for the purpose of eligibility.
- Students attending public or private elementary schools, middle or junior high schools, or senior high schools are considered full-time students if attending five (5) months out of the current or upcoming calendar year (months need not be full or consecutive).
- Students attending public or private colleges, universities, technical, trade or mechanical schools, night school or online school are considered full-time students if the school defines them as full-time students and they will be attending five (5) months out of the current or upcoming calendar year (months need not be full or consecutive).

Applicants are considered full-time students if the person had been a full-time student for 5 months of the calendar year, even if they had graduated prior to applying for an apartment.

There is no grandfathering of eligibility because the resident was not a student when they moved in and later became one. For this reason, resident student status must be re-verified at annual certifications to confirm continuing eligibility of the household.

### **Referrals**

This community contains eight (8) Project-Based Voucher units. Applicants for these units will be referred by the Housing Authority of the County of Cumberland.

This community contains three (3) 811 PRA Demo units. Applicants for these units will be referred by 811 waitlist administrators.

### **Occupancy Standards**

These occupancy standards shall be used in determining the appropriate unit size at move-in and shall apply during a resident’s tenancy in determining unit transfers:

Number of Bedrooms	Number of Occupants	
	Minimum	Maximum
2	1	5
3	1	7

## Application Process

Applicants must be at least 18 years old or be an emancipated minor to submit an application. Applicant households must submit a single application executed by all of the adults or emancipated minors in the household. Emancipated minors are considered adults in the application of our policies and procedures. All adult applicants, including those wanting to be added to existing households, are required to complete an application packet and consent to the release of information necessary to verify all income, assets, household characteristics and circumstances that affect eligibility. This information will be verified by management in compliance with the Low-Income Housing Tax Credit Program and regulations contained in the HUD Handbook 4350.3.

### Required Documentation

This documentation is not required to submit an application, however must be submitted before the applicant household can move into a unit. Management will not accept photocopies, or documents that appear fraudulent or altered. This documentation must be the original, which management will photocopy. Management will store the copies in the applicant's file.

#### For Certification Purposes

- Evidence of income from all sources: wages, social security, disability, workers compensation, unemployment, pensions, etc.
- Evidence of all assets: bank statements, real estate tax assessment notices, etc.
- Any other verifications supporting any and all information provided by the family

#### For Identification Purposes

- Social Security Cards for all household members.
  - If no social security number(SSN) has been assigned to a particular family member, the applicant must sign a certification stating that no SSN has been assigned. For minors no further action is required. Adult household members must submit any of the following documents if they cannot present a social security card:
    - Individual Taxpayer Identification Number (ITIN)
    - Form I-151/I-551: Alien Registration Card (Green Card)
    - Form I-688: Temporary Resident Card
    - Form I-688B: Employment Authorization Card

Management is requesting these documents for the purpose of running Credit & Criminal screenings.

- Driver's License or other forms of Photo ID for all adult household members.
- Birth Certificates or Passports for all minor household members.
  - If the household is unable to provide birth certificates or passports, management will accept any other US, state, local or foreign government issued identification documentation as deemed acceptable by management

## Waiting List Procedures

The waiting list shall remain open at all times.

#### Waiting List Priorities:

1. Eligible residents residing in the community who are either over or under housed receive priority over new applicants.
2. If a handicapped accessible unit is available then an eligible household that needs the features of that unit will receive priority over all other applicants; regardless of position on the waiting list.
3. According to the date and time received.

## **Disabilities**

If, because of a physical or mental disability of a household member, or a person associated with that household, a family may need a unit that is larger than the apartment size suggested above -- reasonable accommodations will be made. However, local zoning ordinance and/or laws must be observed.

### Excerpt from the Reasonable Accommodation/Modification Policy:

Humphrey is committed to ensuring that its policies and procedures do not deny individuals with disabilities the opportunity to participate in, or benefit from, nor otherwise discriminate against individuals with disabilities, on the basis of disability, in connection with its management of multi-family housing projects. Therefore, if an individual with a disability requires an accommodation or modification, Humphrey will honor the request unless doing so would result in a fundamental alteration in the nature of the program; or an undue financial and administrative burden. In such a case, Humphrey will offer other suggestions that would not result in a financial or administrative burden.

A reasonable accommodation is a change, modification, alteration or adaptation in policy, procedure, practice, program, or facility that provides a qualified individual with a disability the opportunity to participate in, or benefit from, a program (housing or non-housing) or activity.

A reasonable modification is a structural change to the apartment or common area of the community.

A copy of the full policy is posted in the leasing office. In addition, individuals may obtain a copy upon request.

## **Accessible Units**

This community contains six (6) accessible units set aside for persons who need the accessibility features of the units.

Households that occupy any unit designated as an accessible unit that does not need the features of that unit, must transfer to a unit that does not have accessible features under the following circumstances. When the next applicant on the waiting list or an existing resident requires the features of the accessible unit and there is a comparable unit available for the resident to transfer into which they qualify for all programs of the non-accessible unit. If there is no comparable unit that they would qualify for, the resident will be allowed to remain the accessible unit until such time that a suitable unit becomes available. An existing household will never be given notice to vacate from the community solely for the purpose of making the accessible unit available for an applicant or current resident who needs the features.

## **Unit Transfers**

Unit transfers are available to residents in good standing based on availability. Transfers will be granted with priority given to existing residents within the community. Residents requesting a transfer will submit a written request to the leasing office and pay a transfer fee (if applicable). Management will maintain a transfer list. Outside applicants will have to remain on the waiting list until the appropriate size unit becomes available and there are no in-house residents waiting to transfer to that size unit.

## **Applicant Screening Criteria**

### Disclosure, Verification, and Other Criteria

1. Misrepresentation - willful or serious misrepresentation in the application procedure for the apartment or for any other governmental assisted apartment
2. Verification - All income must be verifiable independent of the applicant. Self-employed applicants must provide acceptable proof of income (e.g. income tax returns or accountant letter). Income from assets will be calculated and used in the overall household income determination.
3. State and Federal laws - failure to meet the eligibility requirements imposed by the authority or by applicable state and federal laws and any regulations or requirement promulgated thereunder

### Credit History Criteria

All adult household members will be required to meet the credit standards established at the community. Any household that does not meet the rental scoring system used by a third-party screening company will be declined.

All applications will be evaluated on a rental scoring which is based on both real and statistical data. This data includes, but is not limited to:

1. Payment history
2. Quantity and type of credit accounts (Credit cards, car loans, mortgages, etc.)
3. Outstanding debt
4. Collection records
5. Public records (Civil judgements, bankruptcies, evictions, etc.)
6. New credit inquiries within the last two (2) years
7. Medical collections are excluded and will not decrease your rental scoring

The rental scoring determination is as follows:

- 533 and above           Accept
- 532 and below           Decline- See the Section on Rejections of Applicant(s) for the Appeal Procedure
- No credit or not enough credit to generate a score will receive a recommendation of Refer from the third-party screening company. This rating requires Regional Manager approval based on the following requirements.
  - Two (2) or more judgements not remedied
  - One (1) open bankruptcy
  - Two (2) credit obligations which are three (3) months or more delinquent including those in collections
  - Two (2) suits not remedied or still pending

Money due to any previous landlord will result in an automatic rejection of the application regardless of any other criteria.

### Landlord History Criteria

An application will be rejected for one (1) of the following reported on any adult applicant:

1. One (1) eviction from a previous housing unit within the last three (3) years.
2. Three (3) or more late payments of rent within the last six (6) month period.
3. Landlord references are verified for the previous 3 years (36 months). If any Landlord reference is returned to us wherein the previous landlord has signed that the applicant exhibited the following behavior:
  - a. Housekeeping issues
  - b. Records of disturbance of neighbors, destruction of property or other disruptive or dangerous behavior - includes behavior or conduct which adversely affects the safety or welfare of other persons by physical violence, gross negligence or irresponsibility which damages the equipment or premises in which the family resides which is disturbing or dangerous to neighbors or disrupts family and community life.
  - c. Non-compliance with Lease Agreements - includes but not limited to evidence of any failure to comply with the terms of lease agreements on prior residences, such as providing shelter to unauthorized persons, failure to comply with recertification process, keeping of pets or other acts in violation of rules and regulations, painting or decorating without permission of owner, etc.
4. Consideration will be given to the applicant if it is proved (documentation may be required) that the aforementioned rental history was beyond the control of the applicant. Examples would be: reduction in labor force, illness, extremely high medical bills, divorce, etc.

### Criminal History Criteria

Every adult applicant is required to sign a consent form allowing all relevant criminal information to be released. Applications will be rejected for any history found that could affect the health or safety of any resident or if any of the following are reported:

1. Any household member(s) is subject to a state sex offender lifetime registration requirement (if allowable by state).
2. Any household member(s) has been convicted of any violent criminal activity.
3. Any household member(s) has one conviction of a felony or misdemeanor against persons that has occurred in the past 7 years or in which the scheduled end of sentence occurred within the past 7 years.
4. Destruction of property or any other offenses that pose a threat to the well-being and safety of our residents, employees, or community.

### **VAWA Protections: Victims of Domestic Violence, Dating Violence, Stalking or Sexual Assault**

The Violence Against Women Act (VAWA) provides that criminal activity directly relating to domestic violence, dating violence, stalking or sexual assault engaged in by a member of a tenant's household or any guest or other person under the tenant's control, shall not be cause for being denied housing, termination of assistance, or occupancy rights if the tenant or an immediate member of the tenant's family is the victim or the threatened victim of that abuse. VAWA also provides that an incident(s) of actual or threatened domestic violence dating violence, stalking, or sexual assault will not be construed as serious or repeated violations of the lease by the victim (or threatened victim) and will not be "good cause" for the termination of the assistance, tenancy, or occupancy rights of a victim of such violence.

Management utilizes form HUD-5382 to certify that a person is a victim of domestic violence, dating violence, stalking or sexual assault. In lieu of a certification, a tenant may provide: A federal, State, tribal territorial, or local police record or court record; Documentation signed and attested to by an employee, agent or volunteer of a victim service provider, an attorney or a medical professional, from which the victim has sought assistance in addressing domestic violence, dating violence, stalking, sexual assault or the effects of abuse.

Management is mindful that the delivery of the certification form to the tenant in response to an incident via mail may place the victim at risk. Therefore, management may require that the tenant come into the office to pick up the certification form and will work with tenants to make delivery arrangements that do not place the tenant at risk.

If an individual does not provide the form HUD-5382 or the information that may be provided in lieu of the certification by the 14th business day (or any approved extension), none of the VAWA protections afforded to the victim of domestic violence, dating violence, stalking or sexual assault will apply. However, in certain circumstances, at the discretion of Management, assistance may be provided to an individual based solely upon the individual's statement or other corroborating evidence.

NOTE: Any household containing a member with a demonstrated history of committing domestic violence, dating violence, stalking and/or sexual assault must exclude that member from the household to be considered for residency.

### **Rejection of Applicants**

If an applicant disputes the accuracy of any information provided to the leasing office by a screening service or credit reporting agency, the applicant may contact the screening company that supplied the information within 60 days of the denial to obtain a copy of the screening results. The name and address of the screening company and a reference number will be provided in the denial letter. Applicants who are denied must wait 90 days before reapplying at the community. No apartments will be held during the appeal process with a screening company or credit reporting agency. If the screening company or credit reporting agency determines the denial was incorrect due to missing or incorrect information, the 90 day waiting period will be waived.

If the applicant disputes the denial of an application due to income qualifications, they may submit an appeal. This appeal must be submitted in writing within 10 days of notice that the application has been declined to the Director of Compliance for Humphrey Management. Contact information and instructions for how to submit appeals will be contained in the denial letter.

A decision will be returned in writing within 30 days of receipt of the Appeal.

As managers, our ultimate responsibility is our resident selection. The owner has developed this community in hopes of servicing a need for housing. Every attempt will be made to have residents who are not financially burdened by their rent payment. Our goal is to house people/families, not to move someone in who is financially unable to afford the unit. As managers we must try to make every effort to occupy the owner's project with residents who will care for the apartment and general grounds, who will pay their rent on time, in full and who will inform us of maintenance issues.

I have read and understand the Resident Selection Criteria for The Townhomes at Factory Square:

(✓)	_____	(✓)	_____
	Head of Household's Signature		Other Adult Member's Signature
	_____		_____
	Date		Date
(✓)	_____	(✓)	_____
	Other Adult Member's Signature		Other Adult Member's Signature
	_____		_____
	Date		Date
(✓)	_____	(✓)	_____
	Other Adult Member's Signature		Other Adult Member's Signature
	_____		_____
	Date		Date



We do business in accordance with the Federal Fair Housing Law  
(Fair Housing Amendments Act of 1988)



HAI MANAGEMENT, INC.

Privacy Act

As provided by the Privacy Protection Act of 1976, anyone who is requested to provide personal information about himself/herself must be informed whether he is legally required to provide such information, or whether he may refuse to supply the information requested. As an applicant for housing financed either under the Low Income Housing Tax Credit Program, RD and/or HUD, you are requested to provide information that will enable us to complete the necessary verification to determine eligibility.

The information requested will be used to determine the adjusted annual income which you and your family receive from all income sources. This is necessary because the Rules and Regulations adopted by the IRS Tax Credit Act and/or RD, limit eligibility for initial occupancy to families whose adjusted income does not exceed certain established limits. In addition, it is necessary to know the composition of your family (number of dependents) so that the proper size of dwelling unit may be authorized for you and your family.

**Although you are not legally required to provide the information requested, your failure to do so will result in our inability to determine your eligibility for housing in this development.**

Copies of the completed "Tenant Certification", may be sent by this management agent/owner to; HUD, RD, IRS and the State Housing Agency where applicable. It is possible that information provided by you will be revealed to others for the purpose of confirmation, but any information so supplied is subject to the safeguards of the Privacy Protection Act.

Sincerely,

Resident Manager

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date





# Application for Housing

## The Townhomes at Factory Square

Please complete one application per household

OFFICE USE ONLY, DATE & TIME RECEIVED:

**2 BR**     
  **3 BR**     
  **Accessible Unit**  
 Unit Size Requested

Head of Household \_\_\_\_\_  
 How did you hear about us? \_\_\_\_\_  
 When would you like to move in? \_\_\_\_\_

### Household Contact Information

Primary Mailing Address: \_\_\_\_\_  
 Primary Email Address \_\_\_\_\_  
 Street Address \_\_\_\_\_ Apt # \_\_\_\_\_ Primary Phone Number \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Secondary Phone Number \_\_\_\_\_

Cell Home Work  
 Circle One  
 Cell Home Work  
 Circle One

### Household Composition

List all persons who will live in the apartment. Also list temporarily and permanently absent persons you wish to include as part of the household. List the head of household first.

Name	Relationship to head	Marital Status	Birth Date MM/DD/YYYY	Age	Social Security number	Student Y/N	
	Head of Household					Y	N
						Y	N
						Y	N
						Y	N
						Y	N
						Y	N
						Y	N

Use the following codes for marital status:

NM – Single, and Never Married    M – Married    D – Divorced    L – Legally Separated    E – Estranged    W - Widowed

No one else can join the household without prior management approval.

Is this the entire household to occupy the unit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, please explain:	
Do you plan to have anyone living with you in the future who is not listed above (pregnancies, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:	
Do you anticipate any other changes to your household in the next 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:	

Do you have full custody of your child(ren)?	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, please explain:			
Are any household members foster children or foster adults?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, who?			
Are any household members temporarily absent? (Examples: temporary, out-of-state work assignment; in hospital or rehab facility for limited or fixed duration; in a correctional facility)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, who?	For how long?		
Are any household members permanently confined to a hospital or nursing home?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, who?			
Will you or anyone in your household require a live-in care attendant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, who?			
Do you need any specific features or unit designs such as wheelchair accessibility, visual aids (Braille) or Apparatus for hearing assistance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, describe:			
Would any household members benefit from or require a reasonable accommodation or modification?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, describe:			

### Income

Please keep these answers in mind when completing the income checklist on the next page.

Do your friends, relatives or other outside sources other than government entities:		
Give you money on a regular basis?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Make your payments or pay your bills on your behalf on a regular basis?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Give you necessities (excluding food), and other regularly consumed items? (Such as clothing, diapers, household products, alcohol, cigarettes, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

To be clear in regard to government definitions, we will now go over a checklist of household income and assets on the next page.

Program rules require that we must count the following income:

- All income for the head of household, co-head, or spouse, regardless of age
- Earned (employment) income of household members age 18 and older
- Unearned income (Social Security, etc.) for everyone in the household, regardless of age
- The first \$480 of annual earned income for full-time students age 18 and older.

Report all income and management will determine whether it should be counted for certifications purpose.

On the following page, please specify the household members by labeling the columns. Use one column per member. Please check yes to indicate that you or another member of the household receives the type of income. By checking no you are stating that no one in the household receives that type of income. Do not leave any of the income types blank. If yes, provide an estimated amount and frequency of income for each type and member who receives it.

Household Member:

Contributions from Friends/Relatives	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$	\$	\$
Supplemental Security Income (SSI)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$	\$	\$
Social Security Disability Ins. (SSDI)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$	\$	\$
Social Security	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$	\$	\$
Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$	\$	\$
Unemployment	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$	\$	\$
TANF/Public Assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$	\$	\$
Child Support	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$	\$	\$
Alimony	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$	\$	\$
Pension/Annuity	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$	\$	\$
Workman's Compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$	\$	\$
Veterans Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$	\$	\$
Military Pay	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$	\$	\$
Net Income From Business	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$	\$	\$
Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$	\$	\$
Other Income	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$	\$	\$
Education Grants or Scholarships*	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$	\$	\$

\* Do not include Student Loans

### Assets

Please answer yes if you or another member of the household has any of the following assets or no if no one in the household has that type of asset. Do not leave any asset types blank. If yes please provide the name(s) of the household members who own the asset and the name of the bank or financial institution the asset is with.

	Household Member(s) who owns the asset	Please provide the name of your bank(s) or financial institution(s)
Checking Accounts	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Savings Accounts	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Money Market Accounts	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Certificates of Deposit	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Retirement Accounts: IRA, 401K, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Stocks	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Bonds	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Mutual Funds	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trust Accounts	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Whole Life Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Does anyone in your household own a prepaid debit card or receive benefits or wages on prepaid debit cards?  Yes  No

If yes, please indicate which benefits (TANF, Social Security) or wages are paid through debit cards or whether they are stand-alone cards:

Does anyone in your household own any real estate property?  Yes  No

If yes, please provide address:

Have you or anyone in your household sold or disposed of any real estate property in the last 2 years? *Do not include foreclosures, short sales or bankruptcies.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes, please explain:</b>	
Have you or anyone in your household disposed of any other assets in the last 2 years? (Examples: Given away money to relatives, set up irrevocable trust account). *Do not include normal sale of items for market value	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes, please explain:</b>	
Excluding necessary personal property such as cars, furniture, clothing, etc., does anyone in your household have any other assets (items of value held as an investment that may be turned into cash) not listed above?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes, please list:</b>	

### Landlord History

A landlord verification of residency must be available for all addresses lived in by all adult applicants for three years prior to the application date. Please use the additional address spaces to provide information on previous addresses within the past 3 years.

<b>Current Address</b>			
List everyone who resided at this address:			
Name of Housing Complex or Specify if Privately Owned/Rented:		Month/Year Tenancy Began:	
Street Address:	Apt #:	Landlord's Name:	
City:	State:	Zip:	Landlord's Phone & Fax Number:

<b>Additional Address</b>			
List everyone who resided at this address:			
Name of Housing Complex or Specify if Privately Owned/Rented:		Month/Year Tenancy Began:	Month/Year Tenancy Ended:
Street Address:	Apt #:	Landlord's Name:	
City:	State:	Zip:	Landlord's Phone & Fax Number:

<b>Additional Address</b>			
List everyone who resided at this address:			
Name of Housing Complex or Specify if Privately Owned/Rented:		Month/Year Tenancy Began:	Month/Year Tenancy Ended:
Street Address:	Apt #:	Landlord's Name:	
City:	State:	Zip:	Landlord's Phone & Fax Number:

<b>Additional Address</b>			
List everyone who resided at this address:			
Name of Housing Complex or Specify if Privately Owned/Rented:		Month/Year Tenancy Began:	Month/Year Tenancy Ended:
Street Address:	Apt #:	Landlord's Name:	
City:	State:	Zip:	Landlord's Phone & Fax Number:

### Emergency Contact Information

Please provide us with the name, address & phone number of a person or persons we could contact in case of an emergency:

<i>Emergency Contact #1:</i>	<i>Street Address:</i>	<i>Phone Number:</i>
<i>Relationship (optional):</i>	<i>City:</i> <i>State:</i> <i>Zip:</i>	<i>Email Address:</i>
<i>Emergency Contact #2:</i>	<i>Street Address:</i>	<i>Phone Number:</i>
<i>Relationship (optional):</i>	<i>City:</i> <i>State:</i> <i>Zip:</i>	<i>Email Address:</i>

### Vehicle & Pet Information

Please provide the following information for vehicles owned or operated by household members:

Year	Vehicle Make	Model	Color	License Plate

Do you own any pets? <span style="float: right;"><input type="checkbox"/> Yes   <input type="checkbox"/> No</span>
If yes, please describe:

### CERTIFICATION

I/We have understood and answered all questions on this rental application. I/We certify that all information in this application is true to the best of My/Our knowledge and that any misrepresentations of information or any omission of any significant information or false statements are punishable under Federal Law, and could be grounds for cancellation of this application or termination of residency after occupancy. I/We understand that my eligibility for housing will be based on applicable income limits and by management’s selection criteria. I/We understand I/We must pay a security deposit for this residence prior to occupancy.

All adult applicants, 18 or older, must sign the application.

<p>(✓) _____ <i>Head of Household’s Signature</i>      _____ <i>Date</i></p> <p>(✓) _____ <i>Spouse or Co-head’s Signature</i>      _____ <i>Date</i></p> <p>(✓) _____ <i>Other Adult Member’s Signature</i>      _____ <i>Date</i></p>	<p>(✓) _____ <i>Other Adult Member’s Signature</i>      _____ <i>Date</i></p> <p>(✓) _____ <i>Other Adult Member’s Signature</i>      _____ <i>Date</i></p> <p>(✓) _____ <i>Other Adult Member’s Signature</i>      _____ <i>Date</i></p>
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This institution is an equal opportunity housing provider and employer



**We do business in accordance with the Federal Fair Housing Law**



## Child Support Affidavit

**The Townhomes at Factory Square | 238 C Street • Carisle PA, 17013**

Parent/Guardian: \_\_\_\_\_ Head: \_\_\_\_\_  
 Child: \_\_\_\_\_ Unit: \_\_\_\_\_

Child support payments that are received shall be included as income whether or not there is a court order awarding payment.

Child support amounts awarded by the courts but not received can be excluded only when the applicant/resident certifies that payments are not being made and further documents that all reasonable legal actions to collect amount due, including filing with the appropriate courts or agencies responsible for enforcing payment, have been taken.

As part of the qualification process required by federal and/or state housing programs with jurisdiction over this property the following information is needed.

<b>A</b> Do you receive child support for the above referenced child?	<input type="checkbox"/> <b>Yes, go to B</b>	<input type="checkbox"/> <b>No, go to C.1</b>
<b>B</b> I receive the following child support for the above referenced child:		
1. \$ _____	_____	_____
<i>Payment Amount</i>	<i>Frequency</i>	<i>Name of source – complete multiple forms for multiple sources</i>
2. <b>Go to C.1</b>		
<b>C</b> 1. Have you been awarded child support by court-order for the above referenced child? <input type="checkbox"/> <b>Yes, go to C.2</b> <input type="checkbox"/> <b>No, go to D</b>		
2. Provide copy of entire court order, enter amount of award: \$ _____, go to C.3		
<i>Payment Amount</i>	<i>Frequency</i>	
3. Is payment being received as awarded?..... <input type="checkbox"/> <b>Yes, go to 3.a</b> <input type="checkbox"/> <b>No, go to 3.b</b>		
a. Indicate the manner by which payment is received and sign the form.		
i. <input type="checkbox"/> Enforcement Agency	_____	
	<i>Name of agency – provide agency print out</i>	
ii. <input type="checkbox"/> Court of Law	_____	
	<i>Name Court of Law – provide court order</i>	
iii. <input type="checkbox"/> Direct from responsible party	_____	
	<i>Name source and provide affidavit or statement from the source</i>	
iv. <input type="checkbox"/> Other	_____	
	<i>Explain</i>	
b. If payment not received or if amount received is less than amount awarded provide details and documentation of collection efforts:		
_____		
<b>Must be either filing against or having a judgment set down against the delinquent payor. Hiring an attorney or legal aid does not constitute legal action. Provide documentation of legal action.</b>		
<b>D</b> Do you receive child support for the above referenced child <u>not</u> awarded by court-order? <input type="checkbox"/> <b>Yes, go to D.1</b> <input type="checkbox"/> <b>No, sign</b>		
1. If yes provide the information requested in B.1, then stop and sign the form.		

Under penalty of perjury, I certify that the information presented in this affidavit is true and accurate to the best of my 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 a lease agreement.

(✓)

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

\_\_\_\_\_  
Date

**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. to any matter within its jurisdiction.**

# Tax Credit Student Status Affidavit

The Townhomes at Factory Square • 238 C Street • Carlisle, PA 17013

Head of Household: \_\_\_\_\_

Please note that for the purposes of completing this form:

- Students enrolled in on-the-job training courses or pursuing their GED are not considered full-time students.
- Students attending public or private elementary schools, middle or junior high schools, or senior high schools are considered full-time students if attending five (5) months out of the current or upcoming calendar year (months need not be full or consecutive).
- Students attending public or private colleges, universities, technical, trade or mechanical schools, night school or online school are considered full-time students if the school defines them as full-time students and they will be attending five (5) months out of the current or upcoming calendar year (months need not be full or consecutive).
- If you are not sure, report student status and it will be verified to determine if eligibility is met.

Check A, B, or C as applicable:

A.  Household contains at least one member who is not a student and has not been/will not be a student for five months or more out of the current and/or upcoming calendar year.  
If this item is checked, no further information is needed. Sign and date below.

B.  Household contains all students, but is qualified because the following occupant(s) is/are a PART-TIME student(s):

\_\_\_\_\_  
Verification of part-time student status is required for at least one occupant.

C.  Household contains all FULL-TIME students for five months or more out of the current and/or upcoming calendar year.  
If this item is checked, the questions below must be completed:

1. Are all adults married and eligible to file a joint tax return?  Yes  No
2. Are all adults single parents and neither they nor any of their children are listed as dependent on the tax return of another individual except the child(ren) may be claimed by the absent parent?  Yes  No
3. Is at least one student receiving TANF benefits?  Yes  No
4. Is at least one student enrolled in a job training program funded by the Job Training Partnership Act, Workforce Investment Act, or under other similar federal, state or local laws?  Yes  No
5. Is at least one student previously under foster care?  Yes  No

I/We certify under penalty or perjury, that all of the information contained in this affidavit is true and correct. I/We understand and acknowledge that falsifying information on this affidavit may result in denial of admission into the housing program or termination of tenancy and/or criminal prosecution.

I/We agree to notify management immediately of any changes in this household's student status.

All household members age 18 or older must sign and date.

(✓) \_\_\_\_\_  
Applicant's Signature Date

**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. or to any matter within its jurisdiction.**

**Race and Ethnic Data Reporting Form**

U.S. Department of Housing and Urban Development  
Office of Housing

OMB Approval No. 2502-0204

**The Townhomes at Factory Square**

**238 C Street, Carlisle, PA 17013**

*Name of Property*

*Project No.*

*Address of Property*

**Carlisle Townhomes LP**

**Low Income Housing Tax Credit**

*Name of Owner/Managing Agent*

*Type of Assistance or Program Title*

*Name of Head of Household*

*Name of Household Member*

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	Select All that Apply
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

**\*Definitions of these categories may be found on the reverse side.**

**There is no penalty for persons who do not complete the form.**

Check this box if you choose not to provide the requested information.

\_\_\_\_\_  
**Signature**

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

**Public reporting burden** for this collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

## Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

### A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.
  1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
  2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
2. The five racial categories to choose from are defined below: You should check as many as apply to you.
  1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
  2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
  3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
  4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
  5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

# Employment Verification

**The Townhomes at Factory Square • 238 C Street • Carlisle, PA 17013**

This form must be mailed or faxed to the applicant's employer by management personnel. The applicant cannot deliver this form to his or her employer.

Employer: \_\_\_\_\_ Applicant: \_\_\_\_\_  
Address: \_\_\_\_\_ SSN (Last 4 digits): \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
Fax: \_\_\_\_\_

The individual named above is an applicant of a housing program that requires verification of income. The information provided will remain confidential to satisfaction of that stated purpose only. Please provide the following information and return to us. A consent to release this information can be found below or attached to this form. Thank you.

### THIS SECTION TO BE COMPLETED BY EMPLOYER

- Please answer all questions fully using **GROSS** amount, and leaving no blanks, enter zero "0" if hours or amounts are not applicable.
- The use of white out, black out, or alteration of original information will void this document
- Please provide an employee pay history report when returning this completed form

Job Title: \_\_\_\_\_ Presently Employed:  Yes, Date First Employed: \_\_\_\_\_  
 No, Last Date of Employment: \_\_\_\_\_

Prior Year's Gross Earnings: \$ \_\_\_\_\_

Gross Year-to-Date Earnings: \$ \_\_\_\_\_ As of which **pay period end date**: \_\_\_\_\_  
Number of pay periods included in the YTD earnings above: \_\_\_\_\_ What is the **pay period start date** of the 1<sup>st</sup> check cut in January? \_\_\_\_\_

Current Wages (check one)  Hourly  Salary \$ \_\_\_\_\_  
Pay Frequency  Weekly (52)  Bi-weekly (26)  Semi-monthly (24)  Monthly  Yearly  
Pay Method  Cash  Check  Direct Deposit  Debit Card

Number of regular hours scheduled per week (If hours vary please list average anticipated): \_\_\_\_\_

Overtime Rate: \$ \_\_\_\_\_ per hour Average number of OT hours per week: \_\_\_\_\_

Shift Differential Rate: \$ \_\_\_\_\_ per hour Average number of shift differential hours per week: \_\_\_\_\_

Tips: \$ \_\_\_\_\_ Frequency  Weekly  Bi-weekly  Semi-monthly  Monthly  Yearly  Other \_\_\_\_\_

Bonus: \$ \_\_\_\_\_ Frequency  Weekly  Bi-weekly  Semi-monthly  Monthly  Yearly  Other \_\_\_\_\_

Commissions: \$ \_\_\_\_\_ Frequency  Weekly  Bi-weekly  Semi-monthly  Monthly  Yearly  Other \_\_\_\_\_

Other Compensation: \$ \_\_\_\_\_ Frequency  Weekly  Bi-weekly  Semi-monthly  Monthly  Yearly  Other \_\_\_\_\_

List the most recent change in the employee's rate of pay: \$ \_\_\_\_\_% \_\_\_\_\_; Effective date: \_\_\_\_\_

List any anticipated change in the employee's rate of pay within the next 12 months: \$ \_\_\_\_\_% \_\_\_\_\_; Effective date: \_\_\_\_\_

If the employee's work is seasonal or sporadic, please indicate the layoff period(s): \_\_\_\_\_

Is employee eligible for unemployment during the layoff?  No  Yes

Does employee participate in a retirement plan i.e. 401k?  No  Yes Can employee access the account without terminating or retiring?  No  Yes

Additional Remarks: \_\_\_\_\_

Information provided by:

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Email

---

**RELEASE:** I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances which would require the owner to verify information that is up to 5 years old which would be authorized by me on a separate consent attached to a copy of this consent. You do not have to sign this form if it is not clear who the requesting organization is or what organization is supplying the information.

(✓)

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**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. or to any matter within its jurisdiction.**

# Unemployed Status Affidavit

The Townhomes at Factory Square • 238 C Street • Carlisle, PA 17013

To be completed by all adult household members who are not currently employed

Applicant: \_\_\_\_\_

Unit #: \_\_\_\_\_

I hereby certify:

I am not currently employed in any capacity.

How long have you been unemployed? \_\_\_\_\_

\_\_\_\_\_ *approximate last date worked*

Please provide the following information for your last job:

The name of your employer and your position: \_\_\_\_\_

The hourly wage and approximate number of hours worked per week: \_\_\_\_\_

Please check the box of the statement(s) that applies to your circumstances below:

I work on a seasonal or temporary basis depending on the time of year.

When does the season typically start? \_\_\_\_\_ and end? \_\_\_\_\_

How much do you anticipate earning over the next 12 months from this type of work? \$ \_\_\_\_\_

Please provide the anticipated employer information at the bottom of the form.

I have been hired for a new job which has not yet begun.

The start date is: \_\_\_\_\_ The salary is: \_\_\_\_\_

Please provide the anticipated employer information at the bottom of the form.

I do anticipate becoming employed in the upcoming 12 months, but I don't yet have a job lined up.

Based on your prior employment history, education and training how much do you anticipate earning from anticipated employment over the next twelve months? \$ \_\_\_\_\_

I have no intention of becoming employed in the next 12 months.

By choosing this option you certify that you are not actively seeking employment, do not plan to seek employment within the next twelve months, and do not anticipate becoming employed within the next twelve months.

## Anticipated Employer Information:

Employer:	Phone Number:	Fax Number:	
Street Address:	City:	State:	Zip:

I certify that the information given above is true to the best of my knowledge and that any misrepresentation of information will lead to cancellation and/or rejection of my application for tenancy. I am signing this under penalty of perjury.

\_\_\_\_\_ If my employment status changes between now and the move-in date I understand that I must inform the manager before moving into this apartment.

*Initial*

(✓)

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

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## Zero Income Affidavit

**The Townhomes at Factory Square • 238 C Street • Carlisle, PA 17013**

To be completed by all adult household members with no reported income

Applicant: \_\_\_\_\_

Unit #: \_\_\_\_\_

I hereby certify:

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

2. Are you considering or in the process of seeking any sources of income such as applying for benefits, or seeking assistance?

- Do not consider employment status when answering as this will be captured on a separate form.
- By answering "no" you are certifying there is no change expected in your financial situation during the next 12 months.

Yes     No

If you answered yes to the above question please provide a detailed explanation:

\_\_\_\_\_

\_\_\_\_\_

3. Please explain how you will pay for rent, utilities, food, clothing, transportation, and other necessities:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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(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.

\_\_\_\_\_ If my income status changes between now and the move-in date I understand that I must inform the manager  
*Initial* before moving into this apartment.

(✓)

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**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. or to any matter within its jurisdiction.**

## **Recurring Gifts & Contributions Verification**

**The Townhomes at Factory Square • 238 C Street • Carlisle, PA 17013**

Contributor: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_

RE: Applicant: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

The individual named above is an applicant of a housing program that requires verification of income. Please provide the following information and return to us. The information provided will remain confidential to the satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated. Thank you.

- Townhomes at Factory Square, Community Manager

Are you currently or will you be paying any bills directly on behalf of the above named individual?  Yes  No

If yes, please provide the following information:

What bills are being paid: \_\_\_\_\_  
What is the total value of the bills being paid: \_\_\_\_\_  
What is the frequency of the value provided above: \_\_\_\_\_

Are you currently or will you be giving the above named individual money on a regular and recurring basis?  Yes  No

If yes, please provide the following information:

What is the amount of the contribution: \_\_\_\_\_  
How often are you making the contribution: \_\_\_\_\_

**Excluding food and groceries**, are you currently or will you be giving the above named individual necessities, and other regularly consumed items such as putting gas in the car, clothing, household products, diapers, alcohol, cigarettes, etc.?  Yes  No

If yes, please provide the following information:

What is being supplied: \_\_\_\_\_  
What is the approximate value of the items being supplied: \_\_\_\_\_  
What is the frequency of the value provided above: \_\_\_\_\_

### **Form must be notarized or witnessed by management**

Contributor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Notary or Witness's Signature \_\_\_\_\_ Date \_\_\_\_\_

Contributor's relationship to applicant & phone number \_\_\_\_\_

Witness's printed name, and title \_\_\_\_\_

**Please return within four days**

**RELEASE:** I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances which would require the owner to verify information that is up to 5 years old which would be authorized by me on a separate consent attached to a copy of this consent. You do not have to sign this form if it is not clear who the requesting organization is or what organization is supplying the information.

(✓)

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

## Bank or Financial Institution Verification

**The Townhomes at Factory Square • 238 C Street • Carlisle, PA 17013**

Bank: _____	Account Holder: _____
Address: _____	SSN (Last 4 digits): _____
City, State, Zip: _____	Address: _____
Phone: _____	City, State, Zip: _____
Fax: _____	

The above referenced person has applied or resides in a community, which receives special funding. This funding requires the housing owner to verify assets to determine a person's eligibility. Your prompt return of this information is necessary to assure timely processing of the application or continued eligibility. Please provide the following information and return to us. A consent to release this information can be found below or attached to this form. Thank you.

- Townhomes at Factory Square, Community Manager

### FOR FINANCIAL INSTITUTION'S USE ONLY:

**Please provide the following requested information:**

Please list **all accounts**, whether individually or jointly owned.

Type of Account	Account #	Date Acct Opened	Date Acct Closed	Penalty Charge for Early W/D (If Applicable)	Checking Only Six-Month Average Balance	Today's Balance	Today's % Rate

Information provided by:

Printed Name	Title	Phone Number
Signature	Date	

**Please return within four business days**

**RELEASE:** I hereby authorize the release of the information requested. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances which would require the owner to verify information that is up to 5 years old which would be authorized by me on a separate consent attached to a copy of this consent. You do not have to sign this form if it is not clear who the requesting organization is or what organization is supplying the information.

_____ <b>Account Holder</b>	_____ <b>Co-account Holder</b>
Date	Date

1 <sup>st</sup> Attempt:	2 <sup>nd</sup> Attempt:	3 <sup>rd</sup> Attempt:
--------------------------	--------------------------	--------------------------

Include date, time, and method (faxed, phone, etc.)

## ASSET CERTIFICATION

Households with no assets or jointly owned assets may share a form, otherwise individual HH members should complete a separate form. The assets of children must be included. Figures provided should be based on financial statements. If total household assets exceed \$5000, third party verification of assets must be obtained.

Applicant: \_\_\_\_\_

Unit #: \_\_\_\_\_

**1)** My/our assets include: (fill in the cash value, interest rate and annual income for each asset your household owns. If your household does not possess an asset, place an 'X' in the box next to it under the "N/A" column)

N/A	(A) Cash Value*	(B) Int. Rate	(A*B) Annual Income		N/A	(A) Cash Value*	(B) Int. Rate	(A*B) Annual Income	
<input type="checkbox"/>	\$ _____	_____	\$ _____	Savings Account	<input type="checkbox"/>	\$ _____	_____	\$ _____	Money Market Funds
<input type="checkbox"/>	\$ _____	_____	\$ _____	Checking Account	<input type="checkbox"/>	\$ _____	_____	\$ _____	Keogh Accounts
<input type="checkbox"/>	\$ _____	_____	\$ _____	Prepaid Debit Account	<input type="checkbox"/>	\$ _____	_____	\$ _____	Bonds
<input type="checkbox"/>	\$ _____	_____	\$ _____	401K/403B Accounts	<input type="checkbox"/>	\$ _____	_____	\$ _____	Stocks
<input type="checkbox"/>	\$ _____	_____	\$ _____	IRA Accounts	<input type="checkbox"/>	\$ _____	_____	\$ _____	Safety Deposit Box
<input type="checkbox"/>	\$ _____	_____	\$ _____	Certificates of Deposit	<input type="checkbox"/>	\$ _____	_____	\$ _____	Trust Funds
<input type="checkbox"/>	\$ _____	_____	\$ _____	Equity in Real Estate	<input type="checkbox"/>	\$ _____	_____	\$ _____	Land Contracts
<input type="checkbox"/>	\$ _____	_____	\$ _____	Lump Sum Receipts	<input type="checkbox"/>	\$ _____	_____	\$ _____	Capital Investments
<input type="checkbox"/>	\$ _____	_____	\$ _____	Life Insurance Policies (excluding Term)	_____				
<input type="checkbox"/>	\$ _____	_____	\$ _____	Other Retirement/Pension Funds not named above:	_____				
<input type="checkbox"/>	\$ _____	_____	\$ _____	Personal property held as an investment**:	_____				
	\$ _____	_____	\$ _____	Other (list):	_____				
	\$ _____	_____	\$ _____	Other (list):	_____				
	\$ _____	_____	\$ _____	Other (list):	_____				
	\$ _____	_____	\$ _____	Other (list):	_____				

**PLEASE NOTE:** Certain funds (e.g., Retirement, Pension, Trust) may or may not be (fully) accessible to you. Include only those amounts which are.  
 \*Cash value is defined as market value minus the cost of converting the asset to cash, such as broker's fees, settlement costs, outstanding loans, early withdrawal penalties, etc.  
 \*\*Personal property held as an investment may include, but is not limited to, gem or coin collections, art, antique cars, etc. Do not include necessary personal property such as, but not necessarily limited to, household furniture, daily-use autos, clothing, assets of an active business, or special equipment for use by the disabled.

**2)**  Within the past two (2) years, I/we have sold or given away assets (including cash, real estate, etc.) for more than \$1,000 below their fair market value (FMV). Those amounts\* are included above and are equal to a total of: \_\_\_\_\_  
 (\*the difference between FMV and the amount received for each asset on which this occurred).

**3)**  I/We have **not** sold or given away assets (including cash, real estate, etc.) for less than fair market value during the past two (2) years.

**4)**  I/We do **not** have any assets at this time.

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.

Applicant/Tenant Signature \_\_\_\_\_

Date \_\_\_\_\_

Applicant/Tenant Signature \_\_\_\_\_

Date \_\_\_\_\_

## Student Status Verification

**The Townhomes at Factory Square • 238 C Street • Carlisle, PA 17013**

School: _____	Student: _____
Address: _____	SSN (Last 4 digits): _____
City, State, Zip: _____	Address: _____
Phone: _____	City, State, Zip: _____
Fax: _____	

The individual named above is an applicant of a housing program that requires verification of student status. Please provide the following information and return to us. A consent to release this information can be found below or attached to this form. Thank you.

### Student Status

Is the above referenced person enrolled as a student at your institution?  Yes  No

If yes, please answer the following:

Is the student enrolled as a part-time or full-time student?  Part-Time  Full-Time

If full-time, what date did the student enroll as such? \_\_\_\_\_

What is the expected date of graduation? \_\_\_\_\_

If no, or a part-time student, please answer the following:

Were they enrolled as a full-time student at any point during the current calendar year?  Yes  No

If yes, did they attend for at least five months out of the calendar year (months need not be full or consecutive)?  Yes  No

Are they enrolled as a full-time student at a future date?  Yes  No

If yes, when? \_\_\_\_\_

### Financial Assistance

Excluding loans, does the above referenced person receive financial assistance?  Yes  No

If yes, Please provide the annual amount of tuition, including all required fees: \$ \_\_\_\_\_

Please provide the type and annual amount of financial assistance:

Type: _____	Amount: \$ _____

#### Information provided by:

_____ Printed Name	_____ Title	_____ Phone Number
_____ Signature	_____ Date	

**RELEASE:** I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances which would require the owner to verify information that is up to 5 years old which would be authorized by me on a separate consent attached to a copy of this consent. You do not have to sign this form if it is not clear who the requesting organization is or what organization is supplying the information.

(✓) \_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

