

APPLICATION INSTRUCTIONS:

In order to apply for housing at Falcons Way Townhomes we must receive your completed application along with a **\$15.00 per adult application fee**. We DO NOT ACCEPT CASH PAYMENT. Please make check/money order payable to Falcons Way Townhomes.

Our office processes applications on a first-come, first-served basis. In order to ensure this policy, applications are dated and time stamped when all required information is received. Following the instructions below will allow us to avoid delays in accepting and processing your application.

Please use BLACK INK to complete forms and do not use White Out on any forms. The following items must be brought with you to ensure a smooth process:

1. State issued photo identification card, social security card and proof of income/assets for all household members. An example of proof of income will include a current award letter from the Social Security Administration stating your monthly income; pay check stubs from your employment, etc. (Bank account statements are not an acceptable proof of income.)
2. Tenant Certification/Recertification Questionnaire: This is a six-page questionnaire that requires every question be answered. Do not write "N/A" on any form. When answering the questions, the appropriate response will be to place an "X" in the Yes or No column. If you answer "Yes" you must complete the additional information the form requests. If the question asks for contact information for your sources of income or assets you must provide this information clearly and accurately.
3. Resident Release and Consent: These forms allow us to verify your application information. Each adult household member must sign the forms and provide any additional information the form may require.
4. Exhibit 3-5: Sample Citizenship Declaration: A separate form must be completed for each household member listed on the application. All U.S. Citizens must complete Page 1 of the 3-page form only. Non-citizens with eligible immigration status must complete all forms provided.
5. Exhibit 3-4 and 3-7: Sample Family & Owner Summary Sheet: All household members need to be listed on this form. Follow the column titles and fill in the appropriate information for each household member. Please leave Declaration and Date Verified column blank.
6. Race and Ethnic Data Reporting Form: The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. A separate form for each individual household member is required.

7. Exhibit Q – Non-Employment Certification: This form is completed by all household members that are not employed. One form per household member is required.
8. Exhibit M – LIHTC Certification of Student Eligibility: This form must be completed whether or not you are a student. Please read options carefully and select the appropriate answer.
9. Rental History: Answer all questions at the top of the form. Under Housing References all information must be provided. If you rent property provide the name, complete address and telephone number of your current and previous landlords. Check mark the Rent box and include the dates of tenancy. If you currently or previously owned real estate, write the complete address of the property in the second column under "Your Address", check mark the Own box and include the dates of ownership.
10. Personal Reference: Provide three professional references that are not family members. Be sure to include complete addresses, an accurate telephone number, your relationship and years known.



"This institution is an equal opportunity provider and employer"

RESIDENT RELEASE AND CONSENT

I, the undersigned, hereby authorize all persons or companies in the categories listed below to release without liability, information regarding employment, income, student status, and/or assets to Falcons Way Townhomes for purposes of verifying information on my apartment rental application.

INFORMATION COVERED

I understand that previous or current information regarding me may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identity, student status, employment, income, assets, medical or childcare allowances. I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation as a Qualified Tenant.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information include, but are not limited to:

Past and Present Employers	Welfare Agencies	Veterans Administration
Past and Present Landlords (including Public Housing Agencies)	State Unemployment Agencies	Retirement Systems
Support and Alimony Providers	Social Security Administration	Banks and other Financial Institutions
	Medical and Child Care Providers	Educational Institutions

CONDITIONS

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and will stay in effect for a year and one month from the date signed. I understand that I have a right to review this file and correct any information that is incorrect.

SIGNATURE

Applicant/Resident

(Print Name)

Date

Applicant/Resident

(Print Name)

Date

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED IRS FORM 4506, "REQUEST FOR COPY OF TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.

TENANT CERTIFICATION / RECERTIFICATION QUESTIONNAIRE

NOTE TO TENANT: In order for us to determine your eligibility or continued eligibility, you must provide *all* information included in this questionnaire. This information is considered confidential and will only be used as necessary in determining your eligibility for the Section 42 LIHTC program. *Providing false information may result in your loss of housing.*

Tenant Name:		Home Telephone Number: ()
Home Address: (include city, state and zip code)	Apartment Number:	Alternate Telephone Number: ()

HOUSEHOLD COMPOSITION

Please read each question carefully, answer each question completely and be prepared to verify items checked yes.

List yourself and anyone who will live with you within the next 12 months. Be sure to include members temporarily away from home, including but not limited to; dependents away at school, military persons stationed away from home who have a spouse or dependent in the home.

Please list household members starting with Head of Household on line 1, then in order of oldest to youngest.

Last Name, First Name	Relationship to Head of Household	Birth Date	Age	Social Security Number	Student Status:		
					Full Time	Part Time	N/A
1.	Head						
2.							
3.							
4.							
5.							
6.							

Do you anticipate any changes in the size of your household *within the next 12 months?* (O-04)

(Example: a future spouse, minor entering the home through adoption, children returning from foster care, etc.)

If yes, please describe any changes here: _____

☐ Yes ☐ No

Will any members of your household under age 18 live with you at least 50% of the upcoming 12 months?

(If you have no household members under 18 write "N/A" in the blank below) (O-01)

If no, please explain here: _____

☐ Yes ☐ No

Does any member in your household have a disability and require a live-in care attendant? (O-01)

☐ Yes ☐ No

Is any adult member of your household separated, but not divorced? (O-07)

☐ Yes ☐ No

Do you own a pet?

☐ Yes ☐ No



STUDENT ELIGIBILITY QUESTIONS

- Are ALL members of your household full-time students? (S-03) ☐ Yes ☐ No
- Will ALL members of your household become full-time students during any 5 months of this year? (S-03) ☐ Yes ☐ No
(Example: a student who goes to school full-time in January, February, April, October and November)
- Will ALL members of your household be full-time students during any 5 months of next year? (S-03) ☐ Yes ☐ No
- Is ANY ADULT member of your household a part or full time student in an institute of higher education? (S-01) ☐ Yes ☐ No
- If yes, who is enrolled? _____ Which school are they enrolled in? _____
- How do they pay for their education? _____ What is the cost of tuition per semester? \$ _____
- Does ANY ADULT member of your household intend to become a student *within the next 12 months*? (S-03) ☐ Yes ☐ No
- If yes, who will be enrolling in school? _____
- If yes, will they be enrolling as a full-time or part-time student? _____

CHILD SUPPORT / ALIMONY INFORMATION

1. Does any member of your household have a COURT ORDER to receive Child Support or Alimony payments, even if no child support or alimony is being received? (I-07a) (8-digit case id#) _____ ☐ Yes ☐ No
- IF NO, SKIP TO QUESTION 2**
- a) Name of person with court order: _____ Payment Amount: \$ _____ per _____
- b) Name of person(s) paying support / alimony: _____
- Are the FULL court-ordered amount(s) being received? ☐ Yes ☐ No
- If NO, are you making efforts to collect the amounts due? ☐ Yes ☐ No
- If YES, please explain the efforts you're making here: _____
2. Does any member of your household receive Child Support or Alimony payments that are NOT COURT ORDERED?
(This includes help from children's father or mother for clothes, groceries, etc.) (I-07b) ☐ Yes ☐ No

IF NO, SKIP TO NEXT SECTION

- a) Payment Amount: \$ _____ per _____
- b) Name of person(s) paying support/alimony: _____
- _____ Phone: _____ for child: _____
- _____ Phone: _____ for child: _____



INCOME INFORMATION

The questions regarding household income apply to all members of your household, including minors and those temporarily absent from the home.

YES	NO	TYPE OF INCOME	INCOME AMOUNT
<input type="checkbox"/>	<input type="checkbox"/>	Is any member of the household employed?	
(I-01)		Job 1.) Who is employed _____	AMT \$ _____
		What company? _____ Phone: _____	PER _____
		Job 2.) Who is employed _____	AMT \$ _____
		What company? _____ Phone: _____	PER _____
		<input type="checkbox"/> Check if there are any additional jobs in the household.	
<input type="checkbox"/>	<input type="checkbox"/>	Is household member self-employed?	
(I-02 & 1040C)		Who is self-employed? _____	AMT \$ _____
		What type of work does this person do? _____	PER _____
<input type="checkbox"/>	<input type="checkbox"/>	Does any household member receive pay from the military?	
(I-05)		Who is paid by the military? _____	AMT \$ _____
		Which branch of the military? _____	PER _____
		Contact Person: _____ Phone: _____	
<input type="checkbox"/>	<input type="checkbox"/>	Does any household member receive any payment from the Social Security Administration?	
(I-04)		Which type: <input type="checkbox"/> SS <input type="checkbox"/> SSI <input type="checkbox"/> SSD <input type="checkbox"/> Other	AMT \$ _____
		Who receives payments from the Social Security Office? _____	PER _____
<input type="checkbox"/>	<input type="checkbox"/>	Does any household member receive severance pay or worker's compensation?	
(I-09)		Who is receiving severance pay or worker's compensation? _____	AMT \$ _____
		What company pays them? _____	PER _____
		Contact Person: _____ Phone: _____	
<input type="checkbox"/>	<input type="checkbox"/>	Is any household member unemployed and receiving payments from an Unemployment Agency?	
(I-05 & I-10)		Who is receiving unemployment benefits? _____	AMT \$ _____
		Contact Person: _____ Phone: _____	PER _____
<input type="checkbox"/>	<input type="checkbox"/>	Does any household member receive Public Assistance payments such as TANF or AFDC?	
(I-06)		Who is receiving TANF or AFDC benefits? _____	AMT \$ _____
		Caseworker: _____ Phone: _____	PER _____



INCOME INFORMATION CONTINUED

YES	NO	TYPE OF INCOME	INCOME AMOUNT
<input type="checkbox"/>	<input type="checkbox"/>	Does any household member receive periodic payments from a pension, annuity or retirement benefit account? Please check one: <input type="checkbox"/> Pension (I-11) <input type="checkbox"/> Annuity (I-12) <input type="checkbox"/> Other Retirement (I-08) Who receives these benefits? _____ What company pays this person? _____ Contact Person: _____ Phone: _____	AMT \$ _____ PER _____
<input type="checkbox"/>	<input type="checkbox"/>	Does anyone outside of your household provide you with cash or contributions to help pay expenses that a household would normally pay, such as rent, utility payments or groceries? What is the name of the person that pays you? _____ What is their address? _____ Phone number? _____	AMT \$ _____ PER _____
<input type="checkbox"/>	<input type="checkbox"/>	Is there any other source of income we haven't already asked about above that you receive? Please describe: _____	AMT \$ _____ PER _____
<input type="checkbox"/>	<input type="checkbox"/>	Does your household expect any changes in their income <i>within the next 12 months</i>? Please describe: _____	AMT \$ _____ PER _____
<input type="checkbox"/>	<input type="checkbox"/>	Does your household receive long-term care insurance payments, <i>in excess of \$180 per day</i>, for a family member residing in a long-term care facility? Which household member is in a long-term facility? _____ Which household member are the payments made to? _____ What company pays this person? _____ Contact Person: _____ Phone: _____	AMT \$ _____ PER _____
<input type="checkbox"/>	<input type="checkbox"/>	Are any adult members of your household unemployed? Which adult members are unemployed? _____	
<input type="checkbox"/>	<input type="checkbox"/>	Do any adult members of your household have zero income? Which adult members have zero income? _____	



Please read each question carefully, answer each question completely and be prepared to verify items checked yes.

ACCOUNT / ASSET INFORMATION

The questions regarding household accounts/assets apply to all members of your household, including minors and those temporarily absent from the home.

YES NO

ACCOUNT INFORMATION

- ☐ (A-01) Does any household member have a Checking, Savings, CD or Money Market account?

Bank 1.) Bank Name: _____ Name on Account: _____
Account Type: ☐ Checking ☐ Savings ☐ CD ☐ Money Market

Bank 2.) Bank Name: _____ Name on Account: _____
Account Type: ☐ Checking ☐ Savings ☐ CD ☐ Money Market

☐ Check if there are additional accounts of these types belonging to the household.

- ☐ (A-02) Does any household member have Stocks, Bonds, Mutual Funds, Capital Investments or a Whole Life Insurance Policy (life insurance that you can make withdrawals from even if there isn't a death)?

Institution Name: _____ Name on Account: _____
Contact Phone: _____ Account Type: ☐ Stocks ☐ Bonds ☐ Mutual Funds ☐ Whole Life Insurance

- ☐ (A-03) Does any household member have an IRA, Keogh, 401K or similar retirement account?

Institution Name: _____ Name(s) on Account: _____
Contact/Phone: _____ Account Type: ☐ IRA ☐ Keogh ☐ 401K ☐ Other _____

- ☐ (A-05) Does any household member have a Pension account that will pay upon retirement or termination of employment (NOT including 401(k), IRAs and Keoghs)?

Institution Name: _____ Name(s) on Account: _____
Contact/Phone: _____ Account Type: _____

- ☐ (A-02) Does any household member have an Annuity account that can be cashed in?

Institution Name: _____ Name(s) on Account: _____
Contact: _____ Phone: _____

- ☐ (A-04) Does any household member own any Real Estate? (Include Rental Property, Primary Residence, Vacation Property, Time-Shares, Commercial Property and Contracts for Deed)

Property Owner(s): _____ Type of Property: _____
What is the name of the bank or institution with financial interest in this property? (Mortgage Holder, Contract Owner, etc.)
Contact: _____ Phone: _____

- ☐ (O-04) Does any household member have personal property that they hold for investment purposes that they plan to sell at a later date for profit? (Examples include: coin or stamp collections, antique cars, jewelry, etc.)

Property Type: _____ Estimated Cash Value: \$ _____

- ☐ Does any household member have cash on hand?

Which household member? _____ What amount is kept on hand? \$ _____

- ☐ Does any household member have a Trust account?

Institution Name: _____ Name(s) on Account: _____
Is this account a Revocable or Non-Revocable Trust Account? _____ Contact Phone: _____

- ☐ Does any household member have any Treasury Bills or Government Bonds? (www.savingsbonds.gov)

Which household member: _____
Series: _____ Face Value: \$ _____ Serial Number: _____ Issue Date: _____



Please read each question carefully, answer each question completely and be prepared to verify items checked yes.

ACCOUNT / ASSET INFORMATION (CONTINUED)

The questions regarding household accounts/assets apply to all members of your household, including minors and those temporarily absent from the home.

YES NO

ACCOUNT INFORMATION

- ☐ ☐ Does any household member have any accounts or assets that were not described above? (Please DO NOT include personal use vehicles, furniture, clothing, etc.)
What type of account or asset is this? _____
What is the estimated value of this asset if you were to sell it today? \$ _____
- ☐ ☐ In the past two years, has any household member given away any assets for less than it was worth? (Examples include property, transferring an asset account into someone else's name, etc.)
What was the estimated value of this asset? \$ _____
- ☐ ☐ Do all of the accounts / assets that are listed in this section have a total value of less than \$5,000?

(A-05)

HOUSEHOLD CERTIFICATION

I understand that the information provided on this questionnaire will be used to determine my eligibility for Section 42 compliant properties. Under penalties of perjury, I certify that the information I provided is true and accurate to the best of my knowledge. I also understand that providing false information is considered fraud and punishable according to the law and may result in the loss of my housing at this property.

I also understand that the information provided is considered confidential and will be used solely for the purpose of determining my eligibility or continued in the same Section 42 housing program.

CERTIFICATION: All household members who are 18 years of age, or will be 18 years of age within the upcoming 12 month period must sign below.

Head of Household

Date

Co-Head of Household

Date

Other Adult Member

Date

Other Adult Member

Date

MANAGEMENT SIGNATURE:

This application / questionnaire was accepted by:

Apartment Management / Owner's Agent

Date

NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

In keeping with the Fair Housing Act, we do not discriminate based on Familial Status, Race, Sex, Disability, Color, Religion or National Origin.



EXHIBIT M – LIHTC CERTIFICATION OF STUDENT ELIGIBILITY

Property Name: _____ Property Number: _____
Applicant/Resident: _____ Unit Number: _____

DEFINITION OF FULL-TIME STUDENT

For the purpose of this form, a full-time student is defined as one who is, has or will be carrying a full-time subject load or attending an educational institution accredited with a degree or certificate program (including K-12 school age children) during any portion of five months within the current calendar year. Verification of "Full time" status must be verified by the educational institution. Please note a student includes those attending public or private elementary schools, middle or junior high schools, senior high schools, colleges, universities, technical, trade, online or mechanical schools, but does not include those attending on-the-job training courses.

THIS SECTION TO BE COMPLETED BY APPLICANT/RESIDENT

To qualify under the Section 42 program rules, any low income tax credit household that is made up of all Full time Students, the household must meet one of the five exemptions (Ref. Section 42(i)(3)(D) and HR3221).

CHECK ONE

- 1) ☐ **This household is NOT comprised ENTIRELY of full-time students as defined above.**

☐ The qualifying household member is a verified part-time student.

- 2) ☐ **This household is comprised of ALL full-time students, but the following exemption applies:**

ALL members of this household:

☐ The entire household is composed of a Head of Household who is a single parent with dependent children; the parent is not a dependent and the dependent child(ren) are not listed as dependents (as defined in IRC Section 152) on any other third party tax return, other than a parent of the dependent child(ren) in the household .

☐ The entire household is composed of individuals who are married that are eligible to file or file a joint tax return.

ANY member of this household:

☐ A member of this household is receiving assistance under Title IV of the Social Security Act (TANF).

☐ A member of this household is enrolled in a job-training program receiving assistance under the Job Training Partnership Act/1998 Workforce Investment Act or under other similar Federal, State, or Local government agency funded programs.

☐ A student member of this household has previously received foster care and placement assistance by the State agency plan under Title IV, part B or E of the Social Security Act. (HR3221; effective date 7/30/2008)

NOTE: Any student household exemption marked above must be verified and qualification documented in the property household file for review.

If you or someone you know served in the U.S. Armed Forces, we encourage you to visit <http://veteranbenefits.mo.gov> or call (573) 751-3779 to learn about available resources.

I understand that this Certification is made part of the qualification process to determine eligibility for residency. Any misrepresentation herein will be considered a material breach of the Lease Agreement and subject me to immediate eviction. Under penalties of perjury, I certify the above information to be true, as of the date shown below.

_____ / ____ / ____	_____ / ____ / ____
APPLICANT / RESIDENT	DATE
APPLICANT / RESIDENT	DATE



EXHIBIT M-1 HOME PROGRAM CERTIFICATION OF STUDENT ELIGIBILITY

Property Name: _____ Property Number: _____
 Applicant/Resident: _____ Unit Number: _____

This form is to be used when certifying or re-certifying a household for eligibility with the HOME program. You must complete this document along with the Exhibit M: LIHTC Certification of Student Eligibility form if you are qualifying an applicant/resident for a unit that is both a HOME and an LIHTC unit as the requirements are different for each. The household must qualify under both programs in order to be eligible to occupy a HOME/LIHTC unit. Please note a student includes those attending public or private elementary schools, middle or junior high schools, senior high schools, colleges, universities, technical, trade, online or mechanical schools, but does not include those attending on-the-job training courses. Additionally, student eligibility is determined at move in/initial certification and at each annual certification. All students are required to report any change in their student status.

THIS SECTION TO BE COMPLETED BY APPLICANT/RESIDENT

HOME adopted the Section 8 student rules in the 2013 regulation revision. (24 CFR 92.2 and 5.612, HUD Handbook 4350.3 3-13 A/3-40 through 42) <https://www.hudexchange.info/programs/home/home-final-rule/>

Part 1:

Are any household members under age 24 and students (full- or part-time) at an institute of higher learning? ☐ (YES) ☐ (NO)

If "NO", sign, date, and return the form to management. *No further action is necessary.*

If "YES", list all students in the table below (add an additional sheet if necessary). Next, each student or their parent/guardian must complete Part 2. Once completed, sign and date the form.

	<u>Student Name</u>	<u>Age</u>	<u>Name of Educational Institution</u>	<u>Date Range Attended or Planning to Attend</u>	<u>Full or Part-time</u>
1.					<input type="checkbox"/> FT <input type="checkbox"/> PT
2.					<input type="checkbox"/> FT <input type="checkbox"/> PT
3.					<input type="checkbox"/> FT <input type="checkbox"/> PT
4.					<input type="checkbox"/> FT <input type="checkbox"/> PT
5.					<input type="checkbox"/> FT <input type="checkbox"/> PT
6.					<input type="checkbox"/> FT <input type="checkbox"/> PT

Part 2:

1. Are you disabled? ☐ (YES) ☐ (NO)

If yes:

a. Were you receiving Section 8 assistance as of November 30, 2005? ☐ (YES) ☐ (NO)

2. Are you a graduate or professional student? ☐ (YES) ☐ (NO)

3. Are you over 23 years of age? ☐ (YES) ☐ (NO)

4. Are you a veteran of the United States military? ☐ (YES) ☐ (NO)

5. Are you receiving any financial assistance to pay for your education? ☐ (YES) ☐ (NO)

6. Will you be living with your parents? ☐ (YES) ☐ (NO)

If no:

a. Are your parents receiving or eligible to receive Section 8 assistance? ☐ (YES) ☐ (NO)

b. Are you claimed as a dependent on your parent's tax return? ☐ (YES) ☐ (NO)

7. Are you married? ☐ (YES) ☐ (NO)

8. Do you have a dependent child? ☐ (YES) ☐ (NO)

9. Were you an orphan or a ward of the court through the age of 18? ☐ (YES) ☐ (NO)

NOTE: Any student household exemption must be verified and qualification documented in the property household file for review.

I understand that this Certification is made part of the qualification process to determine eligibility for residency. Any misrepresentation herein will be considered a material breach of the Lease Agreement and subject me to immediate eviction. Under penalties of perjury, I certify the above information to be true, as of the date shown below.

_____/_____/_____ APPLICANT / RESIDENT	_____/_____/_____ DATE	_____/_____/_____ APPLICANT / RESIDENT	_____/_____/_____ DATE
_____/_____/_____ APPLICANT / RESIDENT	_____/_____/_____ DATE	_____/_____/_____ APPLICANT / RESIDENT	_____/_____/_____ DATE

Additional reference (summary from HUD Memo to Owners/Management Agents titled Student Eligibility for Section 8 Assistance/Streamlining Final Rule, October 28, 2016):

A student who is enrolled as either a part-time or full time student at an institute of higher education for the purpose of obtaining a degree, certificate, or other program leading to a recognized educational credential will be eligible for assistance if the student meets all other eligibility requirements, meets screening criteria requirements and:

- Is living with his or her parents/guardian, or
- Is at least 24 years old, or
- Is married, or
- Is a veteran of the Armed Forces of the United States or is currently serving on active duty in the Armed Forces for other than training purposes, or
- Has legal dependents other than a spouse, or
- Is a person with disabilities who was receiving Section 8 assistance as of November 20, 2005, or
- Is a graduate or professional student, or
- Is an independent student, defined as:

a) The individual is 24 years of age or older by December 31 of the award year;

b) The individual is an orphan, in foster care, or a ward of the court or was an orphan, in foster care or a ward of the court at any time when the individual was 13 years of age or older;

¹ Please consult the Eligibility of Independent Students for Assisted Housing Under Section 8 of the U.S. Housing Act of 1937: Additional Supplemental Guidance for full guidance.

c) The individual is, or was immediately prior to attaining the age of majority, an emancipated minor or in legal guardianship as determined by a court of competent jurisdiction in the individual's state of legal residence.

Or, is classified as a Vulnerable Youth. A student meets HUD's definition of vulnerable youth when:

- i) The individual has been verified during the school year in which the application is submitted as either an unaccompanied youth who is a homeless child or youth (as such terms are defined in Section 725 of the McKinney-Vento Homeless Assistance Act), or as unaccompanied, at risk of homelessness and self-supporting, by
- ii) A local educational agency homeless liaison, designated pursuant to the McKinney-Vento Homeless Assistance Act;
- iii) The director of a program funded under the Runaway and Homeless Youth Act or designee of the director;
- iv) The director of a program funded under subtitle B of title IV of the McKinney-Vento Homeless Assistance Act or a designee of the director or
- v) A financial aid administrator.

Or, the individual is a student for whom a financial aid administrator makes a documented determination of independence by reason of other unusual circumstances or has parents who are income eligible for the Section 8 program.

HUD has also amended the Student's Independence Verification Requirements. Verification requirements to be used when a student does not meet general eligibility criteria but wishes to be eligible based on his or her status as an Independent Student are as follows:

Owner/agents providing Section 8 assistance will verify a student's independence from his or her parents to determine that the student's parents' income is not relevant for determining the student's eligibility for assistance by doing all of the following:

- Reviewing and verifying previous address information to determine evidence of a separate household or verifying that the student meets the U.S. Department of Education's definition of "independent student";
- Reviewing the **student's** prior year income tax returns to verify that the student is independent or verifying the student meets the U.S. Department of Education's definition of "independent student"; and
- Verifying income provided by a parent by requiring a written certification from the individual providing the support. Certification is also required if the parent is providing no support to the student.

Note: If the household residing in a HOME assisted unit has qualified students and the household receives Section 8 rental assistance, student aid must be counted in the annual income. Any student aid over the amount of tuition and fees must be counted (excludes loans).

If you or someone you know served in the U.S. Armed Forces, we encourage you to visit <http://veteranbenefits.mo.gov> or call (573) 751-3779 to learn about available resources.



Exhibit 3-5: Sample Citizenship Declaration

INSTRUCTIONS: Complete this Declaration for each member of the household listed on the Family Summary Sheet

LAST NAME _____

FIRST NAME _____

RELATIONSHIP TO HEAD OF HOUSEHOLD _____ SEX _____ DATE OF BIRTH _____

SOCIAL SECURITY NO. _____ ALIEN REGISTRATION NO. _____

ADMISSION NUMBER _____ if applicable (this is an 11-digit number found on DHS Form I-94, *Departure Record*)

NATIONALITY _____ (Enter the foreign nation or country to which you owe legal allegiance. This is normally but not always the country of birth.)

SAVE VERIFICATION NO. _____
(to be entered by owner if and when received)

INSTRUCTIONS: Complete the Declaration below by printing or by typing the person's first name, middle initial, and last name in the space provided. Then review the blocks shown below and complete either block number 1, 2, or 3:

DECLARATION

I, _____ hereby declare, under penalty of perjury, that I am _____
(print or type first name, middle initial, last name):

_____ 1. A citizen or national of the United States.

Sign and date below and return to the name and address specified in the attached notification letter. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

Signature _____ Date _____

Check here if adult signed for a child: _____

- _____ 2. A noncitizen with eligible immigration status as evidenced by one of the documents listed below:

NOTE: If you checked this block and you are 62 years of age or older, you need only submit a proof of age document together with this format, and sign below:

If you checked this block and you are less than 62 years of age, you should submit the following documents:

- a. Verification Consent Format (see Sample Verification Consent Form in Exhibit 3-6).

AND

- b. One of the following documents:

- (1) Form I-551, **Permanent Resident Card**
- (2) Form I-94, *Arrival-Departure Record*, with one of the following annotations:
 - (a) "Admitted as Refugee Pursuant to section 207";
 - (b) "Section 208" or "Asylum";
 - (c) "Section 243(h)" or "Deportation stayed by Attorney General"; or
 - (d) "Paroled Pursuant to Sec. 212(d)(5) of the INA."
- (3) If Form I-94, *Arrival-Departure Record*, is not annotated, it must be accompanied by one of the following documents:
 - (a) A final court decision granting asylum (but only if no appeal is taken);
 - (b) A letter from an DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (if application was filed before October 1, 1990);
 - (c) A court decision granting withholding or deportation; or
 - (d) A letter from an DHS asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).
- (6) A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.
- (7) **Other acceptable evidence. If other documents are determined by the DHS to constitute acceptable evidence of eligible immigration status, they will be announced by notice published in the Federal Register.**

If this block is checked, sign and date below and submit the documentation required above with this declaration and a verification consent format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

If for any reason, the documents shown in subparagraph 2.b. above are not currently available, complete the Request for Extension block below.

Signature_____
Date

Check here if adult signed for a child: _____

REQUEST FOR EXTENSION

I hereby certify that I am a noncitizen with eligible immigration status, as noted in block 2 above, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be undertaken to obtain this evidence.

Signature_____
Date

Check if adult signed for a child: _____

_____ 3. I am not contending eligible immigration status and I understand that I am not eligible for financial assistance.

If you checked this block, no further information is required, and the person named above is not eligible for assistance. Sign and date below and forward this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who is responsible for the child should sign and date below.

Signature_____
Date

Check here if adult signed for a child: _____

Exhibits 3-4 and 3-7: **Sample Family Summary Sheet and
Owner's Summary of Family**

Member No.	Last Name of Family Member	First Name of Family Member	Relationship to Head of Household	Sex M or F	Date of Birth	Declaration	Date Verified
Head of Household							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							

**Race and Ethnic Data
Reporting Form**U.S. Department of Housing
and Urban Development
Office of HousingOMB Approval No. 2502-0204
(Exp. 03/31/2014)

Name of Property _____ Project No. _____ Address of Property _____

Name of Owner/Managing Agent _____ Type of Assistance or Program Title: _____

Name of Head of Household _____ Name of Household Member _____

Date (mm/dd/yyyy): _____

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.**

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.

Housing Requirements Questionnaire

This questionnaire is provided to every applicant. It is used to determine whether your family needs special features in their apartment. The need for special adaptations must be verified in order to assure that the limited number of available apartments with special features go to families that actually need the features.

Completing the questions on this form is optional on your part. However, even if you choose not to complete this form, please check the box that indicates that choice and return with your application. The choice on this questionnaire will not in any way affect the processing of your application for an apartment.

APPLICANT ELECTION TO PROVIDE SPECIAL NEEDS INFORMATION

Name of Head of Household _____

Social Security # or Alien Registration # _____

Check One:

I choose to complete this form _____ I choose not to complete this form _____

Applicant's Signature _____ Date _____

Manager's Signature _____ Date _____

INFORMATION RELATIVE TO THE HOUSING REQUIREMENTS OF APPLICANT'S FAMILY-

1. Do you, or does any member of your family have a condition that requires:

_____ A separate bedroom	_____ Unit for vision impaired
_____ One-level apartment	_____ Special parking space
_____ Physical modifications to typical apt.	_____ Unit for hearing impaired
_____ A barrier free apartment	_____ Bedrooms/bath on 1 st floor
_____ Other	

2. If you checked any of the above listed categories, please explain exactly what you will need to accommodate your situation. _____

3. What is the name of the family member who needs the features indicated above? _____

4. Do you or any of your family members need special features to go up and down stairs, other than the traditional railings? _____ Yes _____ No

5. Will you or any of your family members require a live-in aide to assist you? _____ Yes _____ No

6. Who should be contacted to verify your need for the features you have identified above (e.g., a doctor, social service agency)?

NAME: _____

PHONE NUMBER _____ ADDRESS: _____

INCOME DISCLOSURE

Your household is applying for residence in a Section 42 Tax Credit unit and you have received a program information sheet upon application explaining this program. As a part of the qualifying process you must disclose all information concerning your asset and income. Please review each item carefully. You must place your initials in the space to indicate either a yes or no after reviewing the information. Circle any item within the category that pertains to your source of income.

A.	Interest, dividends and other income from net family assets, including assets belonging to children in the household. Assets include:		
	Cash held in saving, checking accounts, safe deposit boxes.....	Yes	No
	Revocable trusts.....	_____	_____
	Equity in real estate or rental property, or other capital investments.....	_____	_____
	Stocks, mutual funds, bonds, treasury bills, certificates of deposit.....	_____	_____
	Money market funds, Individual Retirement and Keoghs (IRA).....	_____	_____
	Retirement and Pension Funds (held as an asset, not a recurring source of income).....	_____	_____
	Whole or universal life insurance policies.....	_____	_____
	Personal property held as an investment.....	_____	_____
	Lump sum or one-time receipts, i.e. inheritances.....	_____	_____
	Capital gains, Lottery winnings.....	_____	_____
	Insurance claims or settlements, victim's restitution.....	_____	_____
	Mortgage or deed of trust (in which you receive the mortgage payment).....	_____	_____
B.	Employment income for all persons 18 and over.....	_____	_____
C.	Net income from self-employment or a business that is owned by you or a member Of your household.....	_____	_____
D.	Social Security, retirement, pensions, disability income (received as recurring income, not Held as an asset).....	_____	_____
E.	Annuities, insurance benefits, etc.....	_____	_____
F.	Unemployment, worker's compensation, severance pay.....	_____	_____
G.	Welfare, AFDC, TANF.....	_____	_____
H.	Alimony, Child Support.....	_____	_____
I.	Regular gifts or contributions from family, friends, church, etc.....	_____	_____
J.	Relocation payments per Title II of Uniform Relocation Assistance and Real Property Acquisition Policies of 1970.....	_____	_____
K.	Income from trust funds.....	_____	_____
L.	Other Income not listed above: _____	_____	_____

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

Signature of Applicant / Resident

Date

Signature of Property Representative

Date

YES NO

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Have you or any one else named on this application filed for bankruptcy?
Explanation: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Have you or any one else named on this application been convicted of a felony?
Explanation: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Have you or any one else named in this application been convicted for dealing, use of or manufacturing illegal drugs?
Explanation: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Have you or any one else named in this application been convicted of property damage?
Explanation: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Have you or any one else named on this application been evicted from a rental unit of any type including an apartment, home, mobile home or trailer?
Explanation: _____ |

HOUSING REFERENCES:

List the past THREE years of housing references. (If additional space is required, use the back of this page.)

	<u>Landlord's Name/Address</u>	<u>Your Address</u>	<u>Own/Rent</u>	<u>Dates</u>
Name:	_____	_____	Own <input type="checkbox"/>	From _____
Address:	_____	_____	Rent <input type="checkbox"/>	To _____
Phone:	() _____	_____		
Name:	_____	_____	Own <input type="checkbox"/>	From _____
Address:	_____	_____	Rent <input type="checkbox"/>	To _____
Phone:	() _____	_____		
Name:	_____	_____	Own <input type="checkbox"/>	From _____
Address:	_____	_____	Rent <input type="checkbox"/>	To _____
Phone:	() _____	_____		



"This institution is an equal opportunity provider and employer"

PERSONAL REFERENCE:

List a professional reference other than a relative. (ex: business, education, medical, clergy)

Name: _____

Address: _____

Phone: _____ Relationship: _____ Years Known: _____

Name: _____

Address: _____

Phone: _____ Relationship: _____ Years Known: _____

Name: _____

Address: _____

Phone: _____ Relationship: _____ Years Known: _____
