

Dear Applicant:

We are pleased that you are considering **Ellicott Terrace, Inc.** as your place of residence. Please read all of the forms carefully. **All applicants MUST complete, sign and return the Family Summary Sheet, Applicant Declaration Format, and Applicant Verification Consent Format. When returning the application in PERSON to the rental office, be sure to include a copy of your social security card, birth certificate, driver's license or picture ID and requested information on the last sheet of the application. Incomplete applications will not be accepted for processing.**

Ellicott Terrace consists of 60 units of rental housing located in Ellicott City, Maryland. The property consists of 15 one-bedroom units and 45 two-bedroom units that are leased to very low to moderate-income families. There is an annual income limitation that applicants must not exceed. Applicants will pay 30% of their gross monthly income for rent. Rental costs are:

<u>Number of Units</u>	<u>Bedroom Size</u>	<u>Rental Cost</u>
5	1 Bedroom	\$279.00 to \$466.00
10	2 Bedroom	\$361.00 to \$713.00
45	2 Bedroom	\$605.00 to \$713.00

Utilities for Ellicott Terrace are not included in the rent.

The Ellicott Terrace Rental Office is open from 9:00 AM to 3:00 PM, Monday through Thursday, and is located 3574-1D Court House Drive, Ellicott City, MD 21043. You **MUST** return the completed application package to the address above. Please feel free to contact Ellicott Terrace at (410) 461-5221 if you have questions regarding the enclosed forms, office hours or require further information.

Sincerely,

Ellicott Terrace, Inc. Management

# ELLICOTT TERRACE, INC.

3574-1D Court House Drive, Ellicott City, MD 21043  
(410) 461-5221

## APPLICATION FOR RESIDENCY

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

Co-Applicant: \_\_\_\_\_

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

Telephone number where you can be reached:

Days: \_\_\_\_\_ Evenings: \_\_\_\_\_

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

**ALL INFORMATION GIVEN WILL BE TREATED CONFIDENTIALLY  
NOTICE TO APPLICANTS  
THE INFORMATION BELOW WILL BE TREATED CONFIDENTIAL  
NOTICE TO APPLICANTS**

Units will be rented to Applicants supplying information from all income sources and not exceeding the following income limits:  
EFFECTIVE MARCH 10, 2007

<u>No. of Persons</u>	<u>Very Low Income</u>
1	\$26,550
2	\$30,300
3	\$34,100
4	\$37,900
5	\$40,950
6	\$43,950

**Applications from families that exceed these income limits will be accepted, but cannot be considered for residency at this time.**

**PLEASE PROVIDE THE FOLLOWING INFORMATION:**

**TOTAL ANNUAL FAMILY INCOME:**

**Bedroom Size Requested: \_\_\_\_\_**

**Head of Household: \$ \_\_\_\_\_**

**Spouse: \$ \_\_\_\_\_**

**Other: \$ \_\_\_\_\_**

**Total: \$ \_\_\_\_\_**

**Check one or as many of the following that apply. If you check any, please explain next to item.**

- \_\_\_\_\_ **Displaced by Government Action** \_\_\_\_\_
- \_\_\_\_\_ **Involuntarily Displaced** \_\_\_\_\_
- \_\_\_\_\_ **Pay more than 50% of income for rent** \_\_\_\_\_
- \_\_\_\_\_ **Live in Substandard Housing** \_\_\_\_\_
- \_\_\_\_\_ **Active Military Duty** \_\_\_\_\_
- \_\_\_\_\_ **Presently Live in Subsidized Housing** \_\_\_\_\_
- \_\_\_\_\_ **Work in Howard County** \_\_\_\_\_
- \_\_\_\_\_ **Live in Howard County** \_\_\_\_\_

**1. Family Head(s) of Household**

a. \_\_\_\_\_  
                     Last Name                      First Name                      MI                      Date of Birth                      Social Security Number

b. \_\_\_\_\_  
                     Last Name                      First Name                      MI                      Date of Birth                      Social Security Number

2. \_\_\_\_\_  
                     a. Driver's License Number                      State                      b. Driver's License Number                      State

3. Please list all names, ages, dates of birth, relationship and social security numbers of people who will live with you.

Last Name	First Name	MI	Date of Birth	Social Security Number	Relationship
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**4. Address Information:**

**Present Address**

**Previous Address**

<b>Street:</b>	_____	_____
<b>Apt. #:</b>	_____	_____
<b>City:</b>	_____	_____
<b>State/Zip:</b>	_____	_____
<b>How long there:</b>	_____	_____
<b>Monthly Rental:</b>	_____	_____
<b>No. of Bedrooms:</b>	_____	_____
<b>Landlord's Name:</b>	_____	_____
<b>Phone Number:</b>	_____	_____
<b>Name of complex:</b>	_____	_____

**5. Verification of Employment Income Information:**

**Present Employment:**

**Head of Household**

**Co-Head of Household**

<b>Social Security #</b>	_____	_____
<b>Company's Name</b>	_____	_____
<b>Address</b>	_____	_____
<b>City, State, Zip</b>	_____	_____
<b>How Long?</b>	_____	_____
<b>Salary</b>	_____	_____
<b>Per</b>	_____	_____
<b>Phone</b>	_____	_____
<b>Position</b>	_____	_____
<b>Supervisor</b>	_____	_____

**Previous Employment:**

**Head of Household**

**Co-Head of Household**

Company's Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 How Long? \_\_\_\_\_  
 Salary \_\_\_\_\_  
 Per \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Position \_\_\_\_\_  
 Supervisor \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**6. Other Income: (Pension, Social Security, Retirement, Welfare, Alimony, etc.)**

**Head of Household**

**Co-Head of Household**

Source \_\_\_\_\_  
 Amount \_\_\_\_\_  
 Source \_\_\_\_\_  
 Amount \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**7. Credit References**

**Head of Household**

**Co-Head of Household**

**Checking**

Name of Bank: \_\_\_\_\_  
 Address: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Account #: \_\_\_\_\_

\_\_\_\_\_

**Savings**

Name of Bank: \_\_\_\_\_  
 Address: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Account #: \_\_\_\_\_

\_\_\_\_\_

**Bank Card**

Name of Bank: \_\_\_\_\_  
 Address: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Account #: \_\_\_\_\_

\_\_\_\_\_

**8. Current Monthly Obligations:**

**Head of Household**

**Co-Head of Household**

Owed To: \_\_\_\_\_  
 Account Number: \_\_\_\_\_  
 Monthly Payment: \_\_\_\_\_  
 Owed To: \_\_\_\_\_  
 Account Number: \_\_\_\_\_  
 Monthly Payment: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**9. Personal References: (Employers, ministers, co-workers, friends, etc. excluding family members)**

Name	Address	Phone	Relationship
a. _____	_____	_____	_____
b. _____	_____	_____	_____
c. _____	_____	_____	_____

**10. Description of Automobile:**

<u>Make</u>	<u>Year</u>	<u>Color</u>	<u>Tag #</u>	<u>State Registered</u>	<u>Circle what is applicable</u>
a. _____	_____	_____	_____	_____	Head of Household/ Co-Head of Household
b. _____	_____	_____	_____	_____	Head of Household/ Co-Head of Household

**11. Why are you applying for housing at Ellicott Terrace?** List special considerations applicable to you.

\_\_\_\_\_  
\_\_\_\_\_

**12. List Your Interests Or Hobbies:**

\_\_\_\_\_

**13. Whom should we contact in case of emergency:**

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**14. TELEPHONE NUMBER(S) WHERE YOU CAN BE REACHED**

	Head of Household	Co-Head of Household
<b>Day:</b>	_____	_____
<b>Night:</b>	_____	_____
<b>Cell:</b>	_____	_____

To the best of my knowledge, the information on this application is true and I understand and agree that any misrepresentation will result in non-acceptance. I hereby authorize the Owner and/or Agent to use a Consumer Reporting Agency, Credit Bureau, Criminal Back Ground or other Investigative Agency employed by such to investigate references herein listed or statements or other data obtained from me or from any other person pertaining to my employment history, credit history, criminal back ground check and prior tenancies.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FOR OFFICE USE ONLY:**

Original Application Date: \_\_\_\_\_

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

Reviewed By: \_\_\_\_\_

**ELLICOTT TERRACE, INC.**

3574-1D Court House Drive  
Ellicott City, MD 21043  
410-461-5221

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE: \_\_\_\_\_  
RE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
S. S. NO: \_\_\_\_\_

Dear Sir/Madam:

We are required to verify the rental history for all applicants applying for admission as residents to the federally assisted housing units that we operate.

To comply with this requirement, we ask your cooperation in completing the applicable items on the following report for the person listed above. This information will be used only in determining the eligibility status and rent of the person's family.

Your prompt return of this letter would be appreciated. A self-addressed return envelope is enclosed. Should you have any questions, please call the telephone number listed above.

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*I hereby give my consent for the information requested below to be released as required.*

\_\_\_\_\_  
**DATE:**

\_\_\_\_\_  
**APPLICANT SIGNATURE:**

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**WARNING: SECTION 1001 OF TITLE 18 OF THE U. S. CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENTS OR MISREPRESENTATION OF ANY MATERIAL FACT INVOLVING THE USE OR OBTAINING OF FEDERAL FUNDS.**

**--SEE REVERSE--**

**LANDLORD VERIFICATION**

1. How long did the applicant reside at this address? \_\_\_\_\_

2. How many bedrooms? \_\_\_\_\_ How many persons lived in the unit? \_\_\_\_\_

3. What was/is the monthly rent? \$\_\_\_\_\_ Please circle which utilities were included in the rent? **GAS** **ELECTRICITY** **WATER/SEWER**

4. Was the applicant ever late with the rent? \_\_\_\_\_  
If yeas, and after the 5<sup>th</sup> day of the month, how many times was the applicant late over the past twelve (12) months? \_\_\_\_\_

5. What living conditions did the applicant maintain?  
\_\_\_\_\_ Acceptable Housekeeping (safe and sanitary)  
\_\_\_\_\_ Unacceptable Housekeeping Please describe:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Was the applicant destructive to the apartment/home or the surrounding areas? \_\_\_\_\_  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Did you receive any resident complaints in reference to the applicant? \_\_\_\_\_  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Did the applicant give a proper vacate notice? \_\_\_\_\_

9. Would you re-rent to the applicant in the future? \_\_\_\_\_ If not, why? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Additional Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Signature: \_\_\_\_\_

Phone: \_\_\_\_\_

Title: \_\_\_\_\_

**PLEASE READ AND COMPLETE ALL OF THE ATTACHED FORMS**

Dear Applicant:

Section 214 of the Housing and Community Development Act of 1980, as amended, prohibit the Secretary of HUD from making financial assistance available to persons other than United States citizens, national, or certain categories of eligible non-citizens in the following HUD programs:

- A. Public and Indian Housing Programs
- B. Section 8 Housing Assistance Payments programs
- C. Section 235 of the National Housing Act
- D. Section 236 of the National Housing Act
- E. Section 101/Rent Supplement Program

You have applied, or are applying for assistance under one of these programs; therefore, you are required to declare U.S. Citizenship or submit evidence of eligible immigration status for *each of your family members* for whom you are seeking housing assistance. **To do this you should:**

- 1. Complete a Family Summary Sheet, using the attached blank format identified as Attachment 5. to list all family members who will reside in the assisted unit.**
- 2. Have a Declaration Format (Attachment 7.) completed by each family member, including yourself. If there are 10 people listed on the Family Summary Sheet, you should have 10 completed copies of the Declaration Format. The Declaration Format has easy – to – follow instructions and explains what, if any other forms and/or evidence must be submitted with each Declaration Format.**
- 3. Submit the Family Summary Sheet, the Declaration Formats and any other forms and/or evidence, to the name and address listed below.**

**Ellicott Terrace, Inc.  
3574-1D Court House Drive  
Ellicott City, MD 21043**

This Section 214 review will be completed in conjunction with the verification of other aspects of eligibility for assistance. If you have any questions or difficulty in completing the attached forms or determining the type of documentation required, please contact us at (410) 992-5868.

Also, if you are unable to provide the required documentation you should request an extension, using the block provided on the Declaration Format. **Failure to provide this information or establish eligible status may result in your NOT being considered for housing assistance.**

If this Section 214 review results in a determination of ineligibility, you will have an opportunity to appeal the decision. Also, if the final determination concludes that only certain members of your family are eligible for assistance, your family may be eligible for pro-ration of assistance. That means that when assistance is available, a reduced amount may be provided for your family, based on the number of members who are eligible.

If assistance becomes available and the other aspects of your eligibility review show that you are eligible for housing assistance, it may be provided to you prior to the final determination that is available at that point.

# APPLICANT DECLARATION FORMAT

**INSTRUCTIONS:** Complete this format for each member of the household listed on the Family Summary Sheet.

PLEASE PRINT OR TYPE ALL INFORMATION

LAST NAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_

Relationship to

Head of Household: \_\_\_\_\_ Sex: Male or Female Date of Birth: \_\_\_\_\_

Social Security No: \_\_\_\_\_ Alien Registration No: \_\_\_\_\_

Admission No: \_\_\_\_\_ if applicable, (this is an 11 digit number found on INS Form 1-94, Departure Record)

Nationality: \_\_\_\_\_ (Enter the foreign nation or country to which you owe legal allegiance. This is informally, but not always the country of birth.)

Save Verification No: \_\_\_\_\_ (This is to be entered by owner if and when received.)

**INSTRUCTIONS:** Complete the Declaration below by printing or typing the person's first name, middle initial, and last name in the space provided below. THEN READ THE BLOCKS DOWN BELOW AND COMPLETE ENTIRE BLOCK NUMBER 1, 2, OR 3:

**DECLARATION:**

I \_\_\_\_\_ hereby declare under  
(PRINT OR TYPE FIRST NAME, MIDDLE INITIAL, AND LAST NAME)

perjury of perjury, which I am:

**NEXT PAGE**

\_\_\_\_\_ 1. a citizen or national of the United States of America

If you checked this block, no further information is required. 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 non-citizen with eligible immigration status in the category checked below:

- A. A non-citizen lawfully admitted for permanent residence, as defined by section 101 (a) (20) of the Immigration and Nationality Act, as an immigrant, as defined by section 101 (a) (15) of the INA (8 U.S.C. 1001 (a) (20) and 1101 (a) (15), respectively. This category includes a non-citizen admitted under section 210 or 210A pr the INA (8 U.S.C. 1160 or 1161), (Special Agricultural worker,) who has been granted lawful temporary resident status);
- B. A non-citizen who entered the United States before January 1, 1972 or such later Date as enacted by law, and has continuously maintained residence in the United States since then, and who is not eligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under section 249 of the INA (8 U.S.C. 1259);
- C. A non-citizen who is lawfully present in the United States pursuant to an Admission under section 207 of the INA (8 U.S.C. 1157) refugee status; Pursuant to the granting of asylum (which has not been terminated) under Section 208 of the INA (8 U.S.C. 1158) asylum status; or as a result of being Granted conditional entry under section 203 (a) (7) of the INA (8 U.S.C. 1153 (a) (7) before April 1, 1980 because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity;
- D. A non-citizen who is lawfully present in the United States as a result of an Exercise of discretion by the Attorney General for emergent reasons or reasons Deemed strictly in the public interest under section 2212 (d) (5) of the INA (8 U.S.C. 1182 (d) (5) parole status;

**NEXT PAGE**

- E. A non-citizen who is lawfully present in the United States as result of the Attorney General's withholding deportation under section 243 (h) of the INA (8 U.S.C. 1253 (h) threat to life or freedom, or
- F. A non-citizen lawfully admitted for temporary, or permanent residence under Section 245 A of the INA (8 U.S.C. 1255 A) amnesty granted under INA 245A.

**PLEASE CIRCLE THE DESCRIPTION THAT BEST DESCRIBES YOUR SITUATION**

**If you circled any item in the above block, you should submit the following information and/or documents:**

1. Verification Consent Format (Attachment 9.)  
AND
2. one of the following documents:
  - (A) Form 1-551, Alien Registration Receipt Card (for permanent resident aliens);
  - (B) Form 1-94, Arrival-Departure Record, with one of the following annotations:
    - (1) "Admitted as Refugees Pursuant to section 207"
    - (2) "Section 208" or "Asylum"
    - (3) "Section 243 (h)" or "Deportation stayed Attorney General";
    - (4) "Paroled Pursuant to Sec. 212 (d) (5) of the INA";
- I If Form 1-94, Arrival-Departure Record, is not annotated, then accompanied by one of the following documents:
  - (1) A Final court decision granting asylum (but only if no appeal is taken;
  - (2) A letter from an INS asylum officer granting asylum (if application is files on or after October 1, 1990) or from an INS district director grant asylum (if application was filed before October 1, 1980);
  - (3) A court decision granting withholding or deportation; or
  - (4) a letter from an INS asylum officer granting withholding of deportation (if application filed on or after October 1, 1990);
- (D) Form 1-688, Temporary Resident Card, which must be annotated "section 245A or "section 210".

**NEXT PAGE**

- (E) Form 1-688B, Employment Authorization Card, which must be annotated “Provision of Law 274a.12 (11)” or “Provision of Law 274a. 12”.
- (F) A receipt issued by the INS indicating that an application for issuance of replacement document in one of the above listed categories has been made and the applicant’s entitlement to the document has been verified.

If this block is circled, sign and date below and submit the documentation required along with this format. If this block is circled 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 paragraph B above are not currently available, complete the “Request for Extension” which is block shown below number 3.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_ 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 on the Declaration Format is not eligible for assistance. Sign and date below. If this block is checked on behalf of a child, the adult who is responsible for the child should sign and date below.

\_\_\_\_\_  
Signature

Check here if adult signed for a child: \_\_\_\_\_

### REQUEST FOR AN EXTENSION

I hereby certify that I am a non-citizen 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 taken to obtain this evidence.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Check here if adult signed for a child: \_\_\_\_\_

**APPLICANT  
VERIFICATION CONSENT FORMAT**

**INSTRUCTIONS:** *Complete this format for each non-citizen member of the household who declared eligible immigration status on the Declaration Format.* If this format is being completed on behalf of a child, it must be signed by the adult responsible for the child.

**CONSENT**

I \_\_\_\_\_ hereby consent to the  
(PRINT OR TYPE FIRST NAME, MIDDLE INITIAL, AND LAST NAME)

following:

1. the use of the attached evidence to verify my eligible immigration status to enable me to receive financial assistance for housing; and
2. the release of such evidence of eligible immigration status by the project owner without responsibility for the further use or transmission of the evidence by the entity receiving it, to:
  - (A) HUD, as required by HUD; and
  - (B) the INS for purposes of verification of the immigration status of the individual.

**NOTIFICATION TO APPLICANT:**

Evidence of eligible immigration status shall be released only to the INS for purposes of establishing eligibility for financial assistance and not for any other purpose. HUD is not responsible for the further use or transmission of the evidence or other information by the INS.

**ELIGIBILITY, INCOME AND DEDUCTION CHECKLIST**

Head of household and/or the co-head should complete.

**LIST ALL HOUSEHOLD MEMBERS:**

<b><u>Name</u></b> (Last, First, M.I.)	<b><u>Relationship</u></b>	<b><u>Date of Birth</u></b>	<b><u>Sex</u></b>	<b><u>Social Security #</u></b>
_____	_____	___/___/___	___	_____
_____	_____	___/___/___	___	_____
_____	_____	___/___/___	___	_____
_____	_____	___/___/___	___	_____
_____	_____	___/___/___	___	_____
_____	_____	___/___/___	___	_____
_____	_____	___/___/___	___	_____
_____	_____	___/___/___	___	_____
_____	_____	___/___/___	___	_____
_____	_____	___/___/___	___	_____

**ELIGIBILITY:**

1. I have a family member who is absent from the home due to:	<b><u>YES</u></b>	<b><u>NO</u></b>
Employment	_____	_____
Military Service	_____	_____
Placement in foster care	_____	_____
Temporarily in nursing home or hospital	_____	_____
Permanently confined to nursing home	_____	_____
Away at school	_____	_____
Other	_____	_____
2. I have a live-in attendant	_____	_____
3. Expected changes in household:		
Baby due on _____	_____	_____
Adopting a child (ren) on _____	_____	_____
Obtaining custody of a child (ren) on _____	_____	_____
Obtaining joint custody of a child (ren) on _____	_____	_____
Receiving a foster child (ren) on _____	_____	_____

**INCOME, ASSET, AND DEDUCTIONS:**

<b>A. Income:</b>	<b><u>YES</u></b>	<b><u>NO</u></b>
1. Are you or any other members of the household currently? receiving income from any of the following sources:		
Wages/salaries	_____	_____
Wages earned through a government program such As Senior Aides, Older American Community Service Employment Program, AmeriCorps	_____	_____
If yes, which program: _____		
Tips, bonuses or commissions	_____	_____
Overtime pay	_____	_____
Income from operation of a business	_____	_____
Social Security	_____	_____
Disability/SSI	_____	_____
Death Benefits	_____	_____
Pensions/retirement funds	_____	_____
Annuities or non-revocable trust	_____	_____
Unemployment	_____	_____
Military pay	_____	_____
Workman's Compensation	_____	_____
Public assistance/TANF	_____	_____
Alimony	_____	_____
Child support	_____	_____
Income from rent or sale of property	_____	_____
Periodic payments from lottery winnings	_____	_____
Regular recurring contributions from persons or agencies outside of household	_____	_____
Insurance policies	_____	_____
Severance pay	_____	_____
Other	_____	_____
2. Did you or any other members of the household file a federal tax return last year?	_____	_____
3. Are there any adult members of the household (18 years of age or older) receiving income not listed above?	_____	_____

If yes, specify the source of the income \_\_\_\_\_

**INCOME, ASSET, AND DEDUCTIONS:**

**B. Assets:**

**YES**

**NO**

1. Do you or any other members of the household have any of the following:

Checking accounts

\_\_\_\_\_

\_\_\_\_\_

Savings accounts

\_\_\_\_\_

\_\_\_\_\_

Certificates of deposit

\_\_\_\_\_

\_\_\_\_\_

Money market funds

\_\_\_\_\_

\_\_\_\_\_

IRA/Keogh account

\_\_\_\_\_

\_\_\_\_\_

Stocks

\_\_\_\_\_

\_\_\_\_\_

Bonds

\_\_\_\_\_

\_\_\_\_\_

Treasury bills

\_\_\_\_\_

\_\_\_\_\_

Trust funds

\_\_\_\_\_

\_\_\_\_\_

If yes, is the trust irrevocable?

\_\_\_\_\_

\_\_\_\_\_

Real estate

\_\_\_\_\_

\_\_\_\_\_

Whole life or universal life insurance policy

\_\_\_\_\_

\_\_\_\_\_

Cash held in safety deposit boxes or home

\_\_\_\_\_

\_\_\_\_\_

Assets held in another state or foreign country

\_\_\_\_\_

\_\_\_\_\_

Other

\_\_\_\_\_

\_\_\_\_\_

2. Have you or any other members of the household received any lump sum payments, such as:

Inheritance

\_\_\_\_\_

\_\_\_\_\_

Lottery winnings

\_\_\_\_\_

\_\_\_\_\_

Insurance settlements

\_\_\_\_\_

\_\_\_\_\_

Other

\_\_\_\_\_

\_\_\_\_\_

3. Have you or any other household members disposed of any asset(s) for less than fair market value in the past two (2) years?

\_\_\_\_\_

\_\_\_\_\_

4. Do you or any other household members have any assets that are held jointly with another person?

\_\_\_\_\_

\_\_\_\_\_

**DEDUCTIONS:**

**YES**

**NO**

1. Are there any fulltime students 18 years of age or older in the household?

\_\_\_\_\_

\_\_\_\_\_

2. Is any household member elderly (age 62 or older) or a person with disabilities?

\_\_\_\_\_

\_\_\_\_\_

3. Do you have medical expenses that are not paid for by an outside source such as insurance?

\_\_\_\_\_

\_\_\_\_\_

4. Do you have disability expenses that are not paid for by an outside source? \_\_\_\_\_
- If yes, is this service necessary to enable a family member (including the member with a disability) to be employed? \_\_\_\_\_
5. Do you have attendant care expenses? \_\_\_\_\_
- If yes, is this service necessary to enable a family member (including the member with a disability) to be employed? \_\_\_\_\_
6. Do you currently pay for childcare service for any children under the age of 13 residing in your household? \_\_\_\_\_
- If yes, is this service necessary to enable a family member (including the member with a disability) to be employed? \_\_\_\_\_
- If yes, are any of these expenses reimbursed by an outside source? \_\_\_\_\_

**Penalties for Committing Fraud:** The United States Department of Housing and Urban Development (HUD) places a high priority on preventing fraud. If your application or recertification forms contain false or incomplete information, you may be:

- \* Evicted
- \* Required to repay all overpaid rental assistance you received
- \* Fined up to \$10,000
- \* Imprisoned for up to five years
- \* Prohibited from receiving future assistance

Your State and local governments may have other laws and penalties as well.

**By signing below I am certifying that I have completed this questionnaire and that the answers that I have given are true and complete to the best of my knowledge.**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Head of Household Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Co-head of Household Date

DATE

## RESIDENT GUIDELINE

To complete the **ELIGIBILITY, INCOME AND DEDUCTION CHECKLIST**, please provide information on of the following:

1. All earnings
2. Alimony
3. Social Security (**Must be an award Letter, no 1099 forms will be accepted**)
4. Interest and Dividends
  - Cash value of asset
  - How often is interest or dividend paid?
  - 3 months bank statements for checking and savings account**
5. Annuities
  - How often paid?
6. Health Insurance Policies
  - How often paid?
7. Retirement/Pensions
  - How often paid?
8. Disability or death pay
  - How often paid?
9. Welfare Grants
  - How often paid?
10. Assets (the value of equity in real property, savings, stocks, bonds and other forms of capital investments)
11. **If you filed a tax return, a copy is required.**
12. **ALL OTHER SOURCES OF INCOME**

Written documentation is required to verify all sources of income. If you receive income from any of the items listed above, you must submit a written document along with at least 2 check stubs.

**MEDICAL EXPENSES** – Those medical expenses that are anticipated during the period for which the Annual Income is computed, and which are not covered by insurance. However, premiums for such insurance must be included as medical expenses.

1. Medical Insurance – Blue Cross/Blue Shield, Medicare, Columbia Medical Plan, AARP, etc.
2. Doctor Bills – amounts not covered by insurance (all doctor bills must be in the form of a letter from your attending physician for the CURRENT YEAR). **You will need to submit proof of a payment with canceled checks and written documentation from your physician.**
3. Prescriptions – amount not covered by insurance. **You must have a print out signed by the pharmacist from all pharmacies that fill your prescriptions. All prescriptions must be listed for the current year. Individual receipts for prescriptions will not be accepted.**

**\*\*NOTE:** IF THESE THREE ITEMS TOGETHER DO NOT EXCEED 3% OF YOUR ANNUAL GROSS INCOME, WE DO NOT REQUIRE DOCUMENTATION

**ALLOWANCES** (Please note, allowances apply to Section 8 renters only)

1. Verification of daycare payments. You must provide written documentation from the daycare provider stating the amount of childcare you pay for anyone in the household who is under 12 years of age. The documentation must be on the daycare letterhead or if it is a private provider, the documentation ***must*** be notarized.

2. MEDICAL EXPENSES –  
**\*\**(Please note “medical expenses” only applies to families whose head of household is age 62 or older, disabled or handicapped)*\*\*** Those medical expenses that are anticipated during the period for which the Annual Income is computed, and that are ***not*** covered by insurance. Medical insurance is an allowable medical expense and will be included.
3. Verification of Medical Insurance – Blue Cross/Blue Shield, Medicare, Columbia Medical Plan, AARP, etc.
4. Doctor and/or hospital Bills – amounts not covered by insurance (all doctor bills must be in the form of a letter from your attending physician for the CURRENT YEAR). **You will need to submit proof of payment with canceled checks and written documentation from your physician or letter from the physician indicating the anticipated costs of scheduled medically necessary procedures.**
5. Prescriptions – amount not covered by insurance. **You must need to submit print out signed by the pharmacist from all pharmacies that fill your prescriptions. All prescriptions must be listed for the current year. Individual receipts for prescriptions will not be accepted.**

**\*\*NOTE:** IF THE MEDICAL ITEMS TOGETHER DO NOT EXCEED 3% OF YOUR ANNUAL GROSS INCOME, WE DO NOT REQUIRE DOCUMENTATION.

***PLEASE ADVISE THE RENTAL OFFICE OF ANY CHANGES TO YOUR HOUSEHOLD, WORK AND/OR HOME TELEPHONE NUMBERS.***

If at the time of recertification, you are adding members to your household, you must have birth certificates and social security cards for all new members.

If you are moving a member from your household, you must submit documentation indicating the new address. Acceptable forms of documentation are a signed lease, a change of address card, a driver's license indicating the new address, a piece of mail with the person's name and new address on it. If you are unable to obtain one of the above referenced documents, a notarized statement advising the individual is no longer living in the household will be accepted.

