

APPLICATION & RESIDENT SELECTION INFORMATION

BlueLine Property Management is committed to the non-discrimination provision in the Fair Housing Act and Section 504 of the Americans with Disabilities Act. If you require assistance in the form of readers, interpreters, large print of any other way to enable you to fully participate in our housing program, please let us know and we will assist you to the fullest extent feasible.

Please review the resident selection plan for more details on our selection criteria at:
<https://blpmc.com/richmond-flats>

Note to applicant: This page is for you to retain in reference to our resident selection criteria.

Completed Application can be returned to:

SECURE UPLOAD	http://richmondapp.blpmc.com
EMAIL	RICHMONDFLATS@BLPMC.COM
FAX	(385)327-2081 Telephone #(844)224-7818
MAIL	Richmond Flats 2960 S. Richmond St. Salt Lake City, UT 84106

Application Instructions

- Application must list all household members and must be signed by all adults.
- Pages 2 & 3: Put the household members number (#1/#2) into the first column to indicate who it is for.
- Page 2: Enter the legal business name of the Employer in the 3rd column
- Page 7: Each adult household member will need a separate form to sign
- Initial ALL corrections-one line through the error, initial beside it. NO WHITE OUT
- Electronically filled out applications require a certified electronic signature, typed names are not accepted.
- Altered versions of this application cannot be accepted

Eligibility will be determined based upon the following factors:

- Applicants meet the income criteria
- References (i.e., employer, current & former landlords, etc.) will be contacted to verify employment, length of time on the job and verify rental payment history
- A Credit & Criminal background check will be obtained and reviewed

Along with the completed application, please include:

- Copies of picture identification for all occupants age 18 and older
- Proof of income (6 most rents consecutive paystubs, award letter, etc.)

Following the guidelines set here will ensure timely processing of your application

To file a complaint of housing discrimination for Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming
Denver Regional Office of FHEO
U.S. Department of Housing and Urban Development
1670 Broadway
Denver, Colorado 80202
(303)672-5437 (800)672-5248



Head of Household Name		
Head of Household Address		
City	State	Zip Code
Phone Number	Email	

The information on this form is needed to certify your household. Please complete this **entire** form and **leave no blanks**. If there are any questions that you do not understand, please call the apartment manager. Thank you for your cooperation.

part 1 household composition

hh mbr	full name	relationship to head of household (hoh)	date of birth	social security number
1		HoH		
2				
3				
4				
5				
6				

Do you expect any additions to the household within the next 12 months? (check one) If yes, please explain: Yes No

part 2 current/previous residency

current address [provide previous address(es) if less than two years]	dates of residency	rent or own?	monthly payment	landlord/mortgage co. name
	from: to:			
	from: to:			
	from: to:			
	from: to:			

part 3 household income

does your household have income, assistance, or benefits from the sources listed below?		monthly income/ assistance amount	hh mbr #
<input type="checkbox"/> Yes <input type="checkbox"/> No	Self employment (<i>list nature of self employment</i>)	(<i>use net income from business</i>) \$	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Employment with a third-party receiving wages, salary, overtime pay, commissions, fees, tips, bonuses, and/or other compensation. <i>If yes, list the information in Part 4 below.</i>		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Unemployment benefits	\$	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Veteran's Administration, GI Bill, or National Guard/military benefits/income	\$	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Educational assistance (for full and part time students) in the forms of grants, scholarships, or fellowships (<i>exclude student loan awards which must be repaid</i>)	\$	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Retirement benefits from Social Security	\$	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Supplemental Security Income (SSI) or Social Security Disability Income (SSDI)	\$	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Unearned income from family members age 17 or under (example: Social Security, trust fund disbursements, etc.)	\$	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Disability or death benefits other than Social Security	\$	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Public housing assistance/Rental assistance/Section 8 voucher. Housing authority providing the assistance:	\$	
<input type="checkbox"/> Yes <input type="checkbox"/> No	I/we receive public assistance income (example: TANF)	\$	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Child support payments. If yes, for how many children do you receive support?	\$	
<input type="checkbox"/> Yes <input type="checkbox"/> No	I am entitled to receive child support payments and am currently making efforts to collect child support owed to us. Describe efforts being made to collect child support:	Anticipated Amount: \$	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Alimony/spousal support payments	\$	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Periodic payments from trusts, annuities, inheritance, retirement funds or pensions, insurance policies or lottery winnings. If yes, list sources: 1. 2.	\$ \$	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Income from real or personal property	(<i>use net earned income</i>) \$	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do your family, friends, or any other person or organization outside of your household help you meet needs by giving you cash assistance? If yes, who provides the cash assistance? _____ What is the average cash amount you receive? _____	How often do you receive the cash assistance? <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other: _____	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do your family, friends, or any other person or organization outside of your household help you pay a bill or expense, such as for utilities, car, gas, insurance, bus pass, telephone, cable/internet, diapers, etc.? If yes, who helps you pay the bills or expenses? _____ What is the average amount of assistance you receive? \$ _____	How often do they pay the bills or expense? <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other: _____	

part 4 current employment information *(please attach a separate form for additional employment, if needed)*

Resident Name				Occupation/Title		
Employer Name				Contact Person		
Employer Address						
City				State	Zip Code	
Date Hired	Salary/Rate of Pay \$	<input type="checkbox"/> 2x a month <input type="checkbox"/> Monthly <input type="checkbox"/> Hourly	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Annually	# Hours Worked Per Week	Work Phone	Work Fax

Resident Name				Occupation/Title		
Employer Name				Contact Person		
Employer Address						
City				State	Zip Code	
Date Hired	Salary/Rate of Pay \$	<input type="checkbox"/> 2x a month <input type="checkbox"/> Monthly <input type="checkbox"/> Hourly	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Annually	# Hours Worked Per Week	Work Phone	Work Fax

Resident Name				Occupation/Title		
Employer Name				Contact Person		
Employer Address						
City				State	Zip Code	
Date Hired	Salary/Rate of Pay \$	<input type="checkbox"/> 2x a month <input type="checkbox"/> Monthly <input type="checkbox"/> Hourly	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Annually	# Hours Worked Per Week	Work Phone	Work Fax

part 5 previous employment information *(not required for retired persons)*

Resident Name				Occupation/Title		
Employer Name				Contact Person		
Employer Address						
City			State		Zip Code	
Date Hired	Ending Salary/Rate of Pay \$	<input type="checkbox"/> 2x a month <input type="checkbox"/> Monthly <input type="checkbox"/> Hourly	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Annually	Term. Date	Work Phone	Work Fax



Resident Name			Occupation/Title			
Employer Name			Contact Person			
Employer Address						
City			State		Zip Code	
Date Hired	Ending Salary/ Rate of Pay \$	<input type="checkbox"/> 2x a month <input type="checkbox"/> Monthly <input type="checkbox"/> Hourly	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Annually	Term. Date	Work Phone	Work Fax

part 6 student status certification

Students include individuals attending public or private elementary schools, middle or junior high schools, senior high schools, colleges, universities, technical, trade or mechanical schools. Students do not include individuals participating in on-the-job training or correspondence courses.

please choose **one** option below that best describes your **household**

<input type="checkbox"/>	The household contains at least one occupant who is not a student and has not been and will not be a student for five months or more out of the current and/or upcoming calendar year (months need not be consecutive).
	List non-student here: _____
<input type="checkbox"/>	The household contains all students , but is qualified because at least one occupant is a part time student. Verification of part time student status is required.
	List part time student here: _____
<input type="checkbox"/>	The household contains all students who were, are, or will be full time for five months or more out of the current and/or upcoming calendar year (months need not be consecutive). If yes, you must answer all five questions below.

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

part 7 household asset information

do you have assets as listed below?		hh mbr #	account #(s)	interest rate	cash value
<input type="checkbox"/> Yes <input type="checkbox"/> No	Checking account(s). If yes, list bank(s).			%	\$
	1.			%	\$
	2.			%	\$



do you have assets as listed below?		hh mbr #	account #(s)	interest rate	cash value
<input type="checkbox"/> Yes <input type="checkbox"/> No	Savings account(s). If yes, list bank(s). 1. 2.			% %	\$ \$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Trust(s). If yes, please indicate which type (revocable or non-revocable), bank, and/or trustee's name. 1. 2.			% %	\$ \$
<input type="checkbox"/> Yes <input type="checkbox"/> No	I/we own real estate (or hold a mortgage or Deed of Trust). If yes, provide description.				\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Personal property that is being held as an investment. If yes, describe:			%	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Stocks, bonds, or Treasury bills. If yes, list sources/bank name(s). 1. 2.			% %	\$ \$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Certificate(s) of Deposit (CD) or Money Market account(s). If yes, list source(s)/bank name(s). 1. 2.			% %	\$ \$
<input type="checkbox"/> Yes <input type="checkbox"/> No	IRA/Lump Sum Pension/Keogh Account/401k. If yes, list bank(s). 1. 2.			% %	\$ \$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Benefit Cards (Direct Express Debit, TANF, and/or unemployment benefits)				\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	I/we have a life insurance policy (exclude term policies). If yes, list company. 1. 2.			% %	\$ \$
<input type="checkbox"/> Yes <input type="checkbox"/> No	I/we have cash on hand or cash in a safe deposit box.			%	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	I/we have disposed of assets (i.e., gave away money/assets) for less than the fair market value in the past two years. If yes, list items and date disposed.				\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	I/we have income from assets or sources other than those listed above (i.e. electronic accounts: Venmo, PayPal, Bitcoin, GoFundMe, etc.). If yes, list type below.			%	\$

BLPMC complies with the Fair Housing Act and offer reasonable accommodations/modifications to persons with disabilities. If you, a member of your household, or someone associated with you has a disability and feel that there is a need for a reasonable accommodation for that person to have equal use and access to the community, please complete the following request for a reasonable accommodation. If you cannot fill out this information yourself, you may have someone assist you.

- **Do you or a household member require any modifications or accommodations? Yes No**
- **If yes, provide name of person(s) with disability:**

- **I am requesting the following change or changes in a policy, procedure, rule, service, or regulation so that my household members, guests, and I can live here as easily as others and enjoy and participate equally in housing:**

- **I need this reasonable accommodation/modification because:**

If forms are completed electronically, one of the following boxes must be checked:

- This form was completed electronically by the resident.
- Management or someone outside of household assisted completing the form electronically (Authorization to Assist is attached).

signatures

Under penalties of perjury, I certify that the information presented on this form is true and accurate to the best of my/our knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information will result in the denial of application or termination of the lease agreement.

Print Name of Applicant	Signature	Date
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Print Name of Applicant	Signature	Date
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Print Name of Other Applicant	Signature	Date
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Print Name of Other Applicant	Signature	Date
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Reviewed by (Signature of Owner/Representative)	Date
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All household members ages 18 or over must sign and date.





Release of Information to: BlueLine Property Management LLC

YOU DO NOT HAVE TO SIGN THIS FORM IF EITHER THE REQUESTING ORGANIZATION OR THE ORGANIZATION SUPPLYING THE INFORMATION IS LEFT BLANK.

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. I authorize this release to be used to verify any form of my household's income or asset as well as credit information and criminal background.

By signing this release, I understand that I am authorizing BlueLine Property Management, LLC, their employees and agents to make such investigations, inquiries, and verification requests into my income and asset information, rental history, credit standing, criminal history, employment history, and any other information necessary to verify my eligibility to live in this apartment community. I hereby waive any right of action now or thereafter accruing against any person or entity as a consequence of the release or exchange or such Confidential Information.

Signature _____ Date _____

Print Name _____

Signature _____ Date _____

Print Name _____

Signature _____ Date _____

Print Name _____

Signature _____ Date _____

Print Name _____

PENALTIES FOR MISUSING THIS CONSENT

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD, the PHA and any owner (or any employee of HUD the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208(a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).



supplementary demographic information

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

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

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

Please initial:

HH #: _____ #1 _____ #2 _____ #3 _____ #4 _____ #5 _____ #6 _____ #7 _____

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

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

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

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

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

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



Student Status Certification

This form should be completed yearly for every household. Student status should also be verified when a new household moves into a unit, and whenever the existing household composition changes.

Head of Household: _____

Unit Address: _____

Recertification Date: _____

Move-In Date: _____

Anyone attending classes at a qualifying educational institution is considered a student. This includes, but is not limited to, public or private elementary schools, middle schools, high schools, colleges, universities, technical, trade, and mechanical schools. This does not include on-the-job training courses.

Part A

Does the household contain at least one person who has not been/will not be a student for five months or more during the current or subsequent year? (This period does not need to be consecutive).....Yes No

If the above box is checked "Yes" then no additional information is required. Please sign and date this form.

Part B

If the household is comprised entirely of students, please select the appropriate exemption below. Only one exception is needed to satisfy the LIHTC student rule.

1. All household members are students, but at least one person is a part time student...Yes No
2. Household members are married (to each other) and entitled to file a joint tax return...Yes No
3. At least one student is a single-parent, is not being claimed as a dependent by someone else, and is living with a child (or children) who they claim as a dependent on their tax return.....Yes No
4. At least one student is receiving Temporary Assistance to Needy Families (TANF).....Yes No
5. At least one student is participating in a workforce development program that receives assistance from the federal, state, or local government.....Yes No
6. The household contains an individual who, at any time, was under the care of a state agency responsible for administering foster care.....Yes No

Please include documentation for any exemption claimed by a tenant. Failure to document an exemption may cause this unit to be considered out of compliance for tax credit purposes.

Under penalty of perjury, I certify that the information presented in the above Annual Student Certification is true and accurate to the best of my knowledge and belief. I agree to notify management immediately of any changes in this household's student status. 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 the lease agreement.

X _____ X _____
Applicant/Tenant Signature Date Management Signature Date

Applicant/Resident _____ Date _____

Social Security Number _____ Property Name _____

TO BE COMPLETED BY APPLICANT/ RESIDENT

Yes No

1. Are you student at an institution of higher education?

*Institutes of higher education include post-secondary vocational institutions; “proprietary institutions of higher education” which prepare students for “gainful employment in a recognized occupation”, and accredited post-secondary colleges and universities. If you are not sure, please mark “yes” and we will verify it.

If you have answered no, please skip the following questions and sign below.

If you answered yes, please complete the following questions:

Yes No

- 2. Are you a full-time student?
- 3. Are you disabled?
 - a. If yes, were you receiving Section 8 assistance as of November 30, 2005
- 4. Are you a graduate or professional student?
- 5. Are you at least 24 years of age?
- 6. Are you a veteran of the United States military?
- 7. Are you married?
- 8. Do you have a dependent child?
- 9. Do you have dependents other than a child or spouse?
- 10. Were you an orphan or a ward of the court through the age of 18?
- 11. Will you be living with your parents?
 - If no:
 - a. Are your parents receiving or eligible to receive Section 8 assistance?
 - b. Are you claimed as a dependent on your parent’s tax return?
- 12. Are you receiving any financial assistance to pay for your education?
 - If Yes, please list the sources of financial assistance:

PENALTIES FOR MISUSING THIS FORM

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Signature _____ Print Name _____

Date _____



AFFIDAVIT OF NON-EMPLOYED STATUS

Date: _____

Unit #: _____

Applicant Name: _____ **SS#:** _____

In connection with your review of my application for unit # _____ at _____, I confirm that: (mark one box and fill in the blanks)

[]

- I am not now employed in any capacity.
- ***That I have no intention of becoming employed in the next 12 months.***
Reason: (i.e. student, retired, etc..) _____
- That I am not under any affirmative obligation to obtain employment.
- That I do not receive unemployment compensation or other benefits as a result of my non-employed status.

[]

- I am not now employed in any capacity.
- ***That I do intend to become employed in the next 12 months.***
- That based upon my education background, prior employment experience and career training, I anticipate earning \$ _____ over the next twelve months. I anticipate starting employment as a _____ on _____ earning _____ dollars per hours working _____ hours per week. In support of this estimate, I have submitted:
 - [] Previous year's tax return
 - [] Previous job and salary history
 - [] Other supporting documentation (describe) _____

Under penalties of perjury, I certify the above representation to be true as of the date shown above.

Resident Signature

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.

ALIMONY / CHILD SUPPORT VERIFICATION (Enforcement Agency)

TO: (Name & address)

Date: _____

RE: _____
Applicant/Tenant Name Social Security Number Unit # (if assigned)

I hereby authorize release of the requested information.

Signature of Applicant/Tenant Date

The individual named directly above is an applicant/tenant of a housing program that requires verification of income. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

Project Owner/Management Agent

MAIL OR FAX THIS FORM TO:



THIS SECTION TO BE COMPLETED BY SUPPORT ENFORCEMENT AGENCY

I hereby certify that \$ _____ per _____ (week, month) is court ordered to be paid for the support of:

Name(s) of person/child(ren) for whom support is paid

Address City State Zip Code

Does this person receive the full amount of the award? YES _____ NO _____

If NO, has every reasonable effort been made by the applicant to collect any amount which may be due, including, but not limited to, filing with the appropriate courts or agencies responsible for the enforcement of any payments?

YES _____ NO _____ Total amount received during the last 12 months: \$ _____

Signature: _____ Date: _____
Print your name: _____ Tel. #: _____
Title: _____
Address _____

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UNDER \$5,000 ASSET CERTIFICATION

For households whose combined net assets do not exceed \$5,000.
Complete only one form per household; include assets of children.

Head of Household Name: _____ Unit No.: _____

Development Name and Address: _____

Complete all that apply for 1 through 4:

1. My/our assets include (enter n/a in (A) if you do not own the respective asset):

	(A) Cash Value*	(B) Int. Rate	(A*B) Annual Income		(A) Cash Value*	(B) Int. Rate	(A*B) Annual Income
Savings Account(s)	\$ _____	%	\$ _____	Checking Account(s)***	\$ _____	%	\$ _____
Cash on Hand	\$ _____	N/AP	N/AP	Government Benefits****	\$ _____	%	\$ _____
Certificates of Deposit	\$ _____	%	\$ _____	Money Market Funds	\$ _____	%	\$ _____
Stocks	\$ _____	%	\$ _____	Bonds	\$ _____	%	\$ _____
IRA Account(s)	\$ _____	%	\$ _____	401(k)/403(b) Account(s)	\$ _____	%	\$ _____
Keogh Account(s)	\$ _____	%	\$ _____	Trust Funds	\$ _____	%	\$ _____
Equity in Real Estate	\$ _____	%	\$ _____	Land Contracts	\$ _____	%	\$ _____
Lump Sum Receipts	\$ _____	%	\$ _____	Capital Investments	\$ _____	%	\$ _____
Bitcoin/ Cryptocurrency	\$ _____	%	\$ _____	GoFundMe/Crowdsourcing	\$ _____	%	\$ _____
Life Insurance (Excluding Term)	\$ _____	%	\$ _____				
Other Retirement/Pension Funds not named above:	\$ _____	%	\$ _____	Explanation _____			
Personal Property Held as an Investment**	\$ _____	%	\$ _____	Explanation _____			
Other (list):	\$ _____	%	\$ _____	Explanation _____			

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 persons with disabilities.
- ***Checking Account cash value should be the average in the checking account over the last six (6) months
- ****Cash Card Account used to receive government benefits or other income.

(Check either box 2 or box 3 below, not both)

- 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 fair market value (FMV). Those amounts equal a total of: \$ _____ (enter the difference between FMV and the amount you received).
- 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 (do not check this box if you have entered any numbers in section 1, above).

The net family assets (as defined in 24 CFR 813.102) above do not exceed \$5,000, and the annual income from the net family assets is \$ _____ (enter the total of all (A*B) Annual Income in section 1 above). This amount is included in total gross annual income.

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.

Signature of Applicant/Tenant _____ Date _____ Signature of Applicant/Tenant _____ Date _____

Signature of Applicant/Tenant _____ Date _____ Signature of Applicant/Tenant _____ Date _____

PENALTIES FOR MISUSING THIS CONTENT: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7), and (8). Violations of these provisions are cited as violations of 42 USC 408 (a), (6), (7), and (8).

