

C. Recommended Forms for Tenant Certification

UNEMPLOYMENT VERIFICATION

Send To: _____

Applicant/Tenant: _____ Unit # _____
Soc. Security #: _____
Property Name: _____
Address: _____

COMPENSATION:

Gross weekly amount \$ _____

Date of initial payment _____

Ending date if known _____

Is the client entitled to an extension of
benefits? Yes No

If Yes, how long? _____

If No, what is the termination date of benefits? _____

Comments _____

AUTHORIZED SIGNATURE

Print Name: _____ Title: _____

Signature: _____ Date: _____

Telephone: _____

RETURN TO: _____

--OFFICE USE ONLY--

Date Sent: _____

Date Received: _____

Comments: _____

PUBLIC ASSISTANCE/TANF VERIFICATION

Send To: _____

Applicant/Tenant: _____ Unit #: _____

Soc. Security #: _____

Property Name: _____

Address: _____

Type of Grant: _____

Current Monthly Grant: \$ _____

Will the amount listed under current monthly grant be changed due to a cost of living or inflation index in the next 12 months? Yes ___ No ___

If yes, effective date: _____ New amount: \$ _____

AUTHORIZED SIGNATURE

Print Name: _____

Title: _____

Signature: _____

Date: _____

Telephone: _____

Agency: _____

RETURN TO: _____

--OFFICE USE ONLY--

Date Sent: _____

Date Received: _____

Comments: _____

CHILD SUPPORT OR ALIMONY VERIFICATION/CERTIFICATION

Applicant/Tenant: _____ Development: _____

This verification may be used for either child support or alimony paid or received. A copy of a divorce decree or settlement agreement showing the amount in question should be attached to this form.

1. **Declaration of Payment Made:** The person making the child support or alimony payment should fill out this section.

I, _____ who reside at _____
(name) (address)

do certify that I pay the sum of \$_____ per _____ for the obligation of
(week/month)

_____. If child support, list names of children cared for.
(alimony or child support)

1.	5.
2.	6.
3.	7.
4.	8.

How long must payments be made? _____

Signature: _____

Date: _____

Witness: _____

Date: _____

2. **Declaration of Payment Received:** The applicant or tenant requiring the child support or alimony should fill out this section if the maker of the payment is not able to be reached or will not complete the form, if the applicant is not receiving child support, or if the applicant is receiving a different amount than on a divorce decree or settlement agreement. This form must be notarized.

I, _____ who reside at _____
(name) (address)

do certify that I receive the sum of \$_____ per _____ for the obligation of
(week/month)

_____. If child support, list names of children cared for.
(alimony or child support)

1.	5.
2.	6.
3.	7.
4.	8.

If child support or alimony is \$0, answer the following:

I am not entitled to receive child support

I am *legally* entitled to receive child support but do not currently receive.

I am not entitled to receive alimony

I am *legally* entitled to receive alimony but do not currently receive.

Please explain the likelihood of receiving either child support or alimony in the future, and ***attach a copy of your divorce decree and/or separation agreement.*** If there is no agreement, please state so. If the amount being received is different than the amount specified in the divorce decree or settlement agreement please explain the difference and what attempts have been made to collect the amount specified

Signature: _____ Date: _____
Notary: _____ Date: _____

RETURN TO: _____

--OFFICE USE ONLY--

Date Sent: _____
Date Received: _____
Comments: _____

SOCIAL SECURITY/SSI VERIFICATION

Send To: _____

Applicant/Tenant: _____ Unit # _____

Soc. Security #: _____

Property Name: _____

Address: _____

SOCIAL SECURITY:

Gross Amount for Month \$ _____

Will this social security amount be changed in the next 12 months for other than cost of living increases? Yes No

If Yes, describe reasons _____

SUPPLEMENTAL SECURITY INCOME (SSI):

Gross Amount per Month \$ _____

Will this supplemental security income amount be changed in the next 12 months other than for cost of living increases? Yes No

If Yes, describe reasons: _____

AUTHORIZED SIGNATURE

Print Name: _____ Title: _____

Signature: _____ Date: _____

Telephone: _____

RETURN TO: _____

--OFFICE USE ONLY--

Date Sent: _____

Date Received: _____

Comments: _____

PENSION VERIFICATION

Send To: _____

Applicant/Tenant: _____ Unit #: _____
Soc. Security #: _____
Property Name: _____
Address: _____

Date Pension began: _____
Monthly Gross Pension Amount Before Deductions: \$ _____
Is this Pension a fixed monthly total or is it subject to change? FIXED SUBJECT TO CHANGE
If subject to change, please list circumstances: _____

AUTHORIZED SIGNATURE

Print Name: _____ Title: _____
Signature: _____ Date: _____
Telephone: _____

RETURN TO: _____

--OFFICE USE ONLY--

Date Sent: _____
Date Received: _____
Comments: _____

VETERAN'S PENSIONS/BENEFITS VERIFICATION

Send To: _____

Applicant/Tenant: _____ VA # _____

Soc. Security #: _____

Property Name: _____

Address: _____

Gross Monthly Veteran's Benefit \$ _____

Do you anticipate a change in the gross monthly amount of the income during the next 12 months? Yes No

If Yes, date of change _____

Amount of increase \$ _____

Amount of decrease \$ _____

Comments _____

AUTHORIZED SIGNATURE

Print Name: _____ Title: _____

Signature: _____ Date: _____

Telephone: _____

RETURN TO: _____

--OFFICE USE ONLY--

Date Sent: _____

Date Received: _____

Comments: _____

ASSET INCOME VERIFICATION

Send To: _____

Applicant/Tenant/
 Dependant
 Minor: _____ Unit # _____
 Soc. Security #: _____
 Property Name: _____
 Address: _____

I. Checking Accounts:

Account #	Current Balance	Average 6 Month Balance	Interest Rate (N/A if no interest)
#	\$	\$	%
#	\$	\$	%
#	\$	\$	%

II. Savings Accounts:

Account #	Current Balance	Interest Rate (N/A if no interest)
#	\$	%
#	\$	%
#	\$	%

III. Certificates of Deposit:

Account #	Amount	Interest Rate	Date of Maturity	Early Withdrawal Penalty
#	\$	%		
#	\$	%		
#	\$	%		
#	\$	%		

IV. Bonds/Other Securities: If applicable, describe asset amount and income projected for the next 12 months.

Type Of Asset	Current Cash Value*	Interest Rate Or Dividend	Projected Income	Previous Years Income
	\$	%	\$	\$
	\$	%	\$	\$
	\$	%	\$	\$

V. Keogh; 401k; IRA

Type Of Account	Current Cash Value*	Interest Rate/Projected Earnings	Does Individual have access to these funds?	Is Individual taking regular payments from this account? If Yes – what amount & frequency?
	\$	%		
	\$	%		
	\$	%		

** Current cash value is the amount the holder would receive if converted to cash (minus any penalties)*

COMMENTS:

AUTHORIZED SIGNATURE

Print Name: _____ Title: _____

Signature: _____ Date: _____

Telephone: _____

RETURN TO: _____

--OFFICE USE ONLY--

Date Sent: _____

Date Received: _____

REAL ESTATE VERIFICATION

To be completed by Tax Assessor:

Send To: _____

Applicant/Tenant: _____ Unit # _____

Soc. Security #: _____

Property Name: _____

Address: _____

Please list all owners of property: _____

Property Location (street address): _____

Year Assessed: _____	Assessed Value: _____	% of Fair Market Value: _____
Taxed @: \$ _____ /\$1000	or \$ _____	for tax year: _____
What is the current Market Value? \$ _____		

Has this property been sold or transferred within the last 24 months? Yes No
Date of Sale or Transfer: _____ @ _____ % Fair Market Value

AUTHORIZED SIGNATURE

Print Name: _____ Title: _____
Signature: _____ Date: _____
Telephone: _____

RETURN TO: _____

--OFFICE USE ONLY--

Date Sent: _____
Date Received: _____
Comments: _____

REAL ESTATE ASSET WORKSHEET

Real Estate Address _____

Current Market Value of Real Estate	(1)	\$ _____
Total Closing Costs	(2)	\$ _____
Current Mortgage Balance	(3)	\$ _____
Add line (2) + line (3) =	(4)	\$ _____
Net Value of Real Estate- Subtract Line (4) from Line (1)	(5)	\$ _____
Percentage of Ownership/Value	(6)	% _____
TOTAL "CASH" VALUE OF REAL ESTATE		
Multiply Line (5) x Line (6)	(7)	\$ _____

Total Rental Income (if applicable) for Next 12 Months	(1)	\$ _____
Expenses in renting the property for next 12 months (taxes, insurance, maintenance and utilities, mortgage interest)	(2)	\$ _____
Net Income from Asset: Subtract Line (2) from Line (1)	(3)	\$ _____
Percentage of Ownership	(4)	% _____
(APPLICANT'S SHARE) INCOME FROM ASSET		
Multiply Line (3) x Line(4)	(5)	\$ _____

Assets Disposed of for less than Fair Market Value within the last two years prior to the effective date of the Tenant Certification:

Fair Market Value of Asset(s) DISPOSED OF	(1)	\$ _____
Amount Received for Asset(s)	(2)	\$ _____
Subtract Line (2) from Line (1)	(3)	\$ _____
If Line (3) is Greater than \$1,000, insert Line (3) on Line (4).		
If Line (3) is Less than \$1,000, do not count it as an asset.		
Value of Asset(s) DISPOSED OF	(4)	\$ _____

TELEPHONE VERIFICATION/CLARIFICATION

Unit # _____

Property Name: _____

Property Address: _____

Applicant/Tenant Name: _____

Describe item to be clarified

--Verification Received--

Individual Contacted: _____ Title: _____

Company Name: _____ Phone: _____

Address: _____

Date and Time of Verification: _____

Clarification/Information received: _____

Signature _____ Date _____

Print Name _____ Title _____

NO CHANGE IN INCOME STATEMENT

This Form is to be used when the certification signatures are dated prior to the tax credit move-in date. All persons 18 years and over must sign this form.

Property Name: _____

Apartment Number: _____ Date: _____

Name(s): _____

Move-In Date: _____

*I (we) affirm that my (our) income and assets have not changed since the date, _____,
I (we) signed the Tenant Income Certification Form.*

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Witness: _____ Date: _____

SECTION 8 INCOME VERIFICATION

Send To: _____

_____ has applied for residency or is currently a resident at _____ Apartments, an LIHTC project. As part of our processing, we must obtain verification of his/her household's anticipated **gross** annual income.

Under Section 42(g) of the Internal Revenue Code (as amended) of the Low Income Housing Tax Credit Program, the anticipated gross annual household income for the above referenced household cannot exceed \$_____, the applicable income limit for this unit.

Thank you for your assistance,

Property Representative Date

Permission to Release Information

I give my permission to the housing authority to release the requested income information.

Signature of Applicant/Resident Date

To be completed by the public housing authority:

Household Surname _____ Family Size _____ Adults _____ Children _____

I certify that the income of this household is verified at least annually in accordance with HUD Section 8 procedures, and that effective on _____ :

The combined household income is equal to or less than the amount stated above

--(OR)--

Certified GROSS Income (before adjustments): \$ _____

AUTHORIZED SIGNATURE

Print Name: _____ Title: _____

Signature: _____ Date: _____

Telephone: _____

RETURN TO: _____

--OFFICE USE ONLY--

Date Sent: _____

Date Received: _____

Comments: _____

LIFE INSURANCE VERIFICATION

(Whole Life or Universal Life Policies Only)

Send To: _____

Applicant/Tenant: _____ Unit # _____
Soc. Security #: _____
Property Name: _____
Address: _____

Pursuant to federal regulations, we are required to verify all income/assets of person(s) seeking or continuing residency in an apartment governed by the Low-Income Tax Credit Program under Section 42 of the Internal Revenue Code. This information will only be used for the determination of residency eligibility under this Program. Please complete the following information and return as soon as possible via FAX or mail in the enclosed self-addressed envelope provided. Your prompt attention and return of this information will be appreciated. *(Comments: Should Net Asset Value prove less than \$0, consider asset to have \$0 value)*

Policy Account #	Cash Surrender Value	Dividend Interest Rate ("N/A" if no interest)
# _____	\$ _____	% _____
# _____	\$ _____	% _____
# _____	\$ _____	% _____
# _____	\$ _____	% _____

Balance of any outstanding loans against policy/policies: \$ _____

Penalty fee or % of Cash Surrender Value charged to cash in each policy: \$ _____ % _____

NET ASSET VALUE = Total Cash Values [less] Loan Balances [less] Penalties = **\$** _____

AUTHORIZED SIGNATURE

Print Name: _____ Title: _____
Signature: _____ Date: _____
Telephone: _____

RETURN TO: _____

--OFFICE USE ONLY--

Date Sent: _____
Date Received: _____
Comments: _____

HOUSEHOLD STUDENT STATUS VERIFICATION

This Form is to be used to retroactively correct instances where student status was not verified at certification.

Applicant/Tenant Name: _____

Address: _____

Completed For: (check one)

ف Move-in; effective date: _____

ف Annual recertification; effective date: _____

Will all of the persons in your household be or have been full-time students during five calendar months of the certification year? ف Yes ف No

If YES, then is anyone in your household:

- | | | |
|--|-------|------|
| • A full time student married and filing a joint tax return? | ف Yes | ف No |
| • A full time student enrolled in a job training program under the Job Training Partnership Act (federal, state or local)? | ف Yes | ف No |
| • A full time student and Title IV/TANF recipient? | ف Yes | ف No |
| • A full time student and single parent living with his/her minor child who is not a dependant on another's tax return? | ف Yes | ف No |

_____ (Signature of Tenant)	_____ Date
_____ (Signature of Co-Tenant)	_____ Date
_____ (Signature of Co-Tenant)	_____ Date
_____ (Signature of Co-Tenant)	_____ Date
_____ (Signature of Manager)	_____ Date

SELF-EMPLOYMENT INCOME AFFIDAVIT

Anticipated earnings for the next 12 months	\$
Previous year's income	\$

Please attach a current financial statement, accountant's statement of Net Business Income (projected for the next 12 months), income receipts, or any documentation you can provide to corroborate the above income projections.

Also attach a copy of last year's executed tax return including Schedule C.

CERTIFICATION

I certify that the above listed income amounts are accurate and I have provided the above requested information.

Print Name: _____ Date: _____
Signature: _____

VERIFICATION OF TERMINATED EMPLOYMENT

Send To: _____

Applicant/Tenant: _____ Unit # _____

Soc. Security #: _____

Property Name: _____

Address: _____

Date of Termination: _____ Last Day Actually Worked: _____

Reason for Termination: Employee Quit Other _____

Do you anticipate rehiring this employee? Yes No If yes, when: _____

Will the employee receive additional paychecks for Workman's Compensation? Yes No

If yes, provide the name and address of the company through which this can be verified:

Total severance pay anticipated for the next 12 months: _____

Is employee entitled to receive unemployment compensation? Yes No

AUTHORIZED SIGNATURE

Print Name: _____ Title: _____

Signature: _____ Date: _____

Telephone: _____

RETURN TO: _____

--OFFICE USE ONLY--

Date Sent: _____

Date Received: _____

Comments: _____

ANNUITY VERIFICATION

Send To: _____

Applicant/Tenant: _____ Unit #: _____

Soc. Security #: _____

Property Name: _____

Address: _____

Type of Annuity held:

FIXED VARIABLE HYBRID IMMEDIATE LIFE OTHER

Date Annuity was issued: _____

Is this the original owner of the Annuity? YES NO

Total Amount paid into the Annuity by the individual: \$_____

Current Value \$_____ Cash Value \$_____

Annual earnings or interest rate \$_____ %_____

Does the holder have access to the funds? YES NO

What is the surrender fee or withdrawal penalty to covert this asset to cash? \$_____

Are regular withdrawals/payments being made? YES NO

Amount: \$_____ Frequency: _____

What is the total amount withdrawn since the contract issue date? \$_____

AUTHORIZED SIGNATURE

Print Name: _____ Title: _____

Signature: _____ Date: _____

Telephone: _____

RETURN TO: _____

--OFFICE USE ONLY--

Date Sent: _____

Date Received: _____

Comments: _____