

**Social Security Administration will not provide verification of Social Security, Supplemental Security Income (SSI) and Retirement Survivors Disability Insurance (RSDI) benefits. You must provide a current copy of your benefits statement to our office.**

**If you have any questions, please contact 320-269-6640 ext. 222 for Tara.**

**Translations provided by Google Translate, Van Binsbergen & Associates, Inc and Madsen Properties, Inc cannot verify accuracy.**

**English**

This is an important document. If you cannot read English, you should have it translated.

**Spanish**

Este es un documento importante. Si usted no puede leer Inglés, usted debe haber que traducir.

**Somali**

Tani waa dokumenti muhiim ah. Haddii aad waxba ma aan akhriyi karo Ingiriisi, waa in aad u tarjumay.

**Loa**

ນີ້ គឺ ជា ឯកសារ ທີ່ គ្រឹះ ការ ណ៍ យើង បាន ផ្តល់ ជូន លោក អ្នក យើង យល់ ថា វា គឺ ជា ឯកសារ មួយ ដែល មាន ប្រសិទ្ធភាព ខ្ពស់ ណាស់ ហើយ វា គឺ ជា ឯកសារ មួយ ដែល យើង បាន ប្រើ ប្រាស់ យ៉ាង ទូទៅ ក្នុង ការ ធ្វើ ការ ងារ របស់ យើង ។

**Vietnamese**

Đây là một tài liệu quan trọng. Nếu bạn không thể đọc được tiếng Anh, bạn cần phải có nó dịch.

**Hmong**

Qhov no yog ib qho tseem ceeb daim ntawv no. Yog hais tias koj nyem tsis tau ntawv Askiv, koj yuav tsum tau kom muab txhais.

**Khmer**

នេះ គឺ ជា ឯកសារ គ្រឹះ ការ ណ៍ យើង បាន ផ្តល់ ជូន លោក អ្នក យើង យល់ ថា វា គឺ ជា ឯកសារ មួយ ដែល មាន ប្រសិទ្ធភាព ខ្ពស់ ណាស់ ហើយ វា គឺ ជា ឯកសារ មួយ ដែល យើង បាន ប្រើ ប្រាស់ យ៉ាង ទូទៅ ក្នុង ការ ធ្វើ ការ ងារ របស់ យើង ។



It is time to complete your recertification for your household. Please keep in mind, our office requires time to process your recertification, and your prompt response is required.

*If you have any questions, please contact Tara at 320-269-6640 ext. 222 or [accounting@vanblc.com](mailto:accounting@vanblc.com).*

**Return completed, signed and dated paperwork to:**

**Van Binsbergen & Associates**  
 540 South First Street  
 Montevideo, MN 56265

**Fax: 320-269-7789**  
**Email: [office@vanblc.com](mailto:office@vanblc.com)**

**OFFICE USE ONLY**

Date Received

Time Received

Property Name			
Tenant Name			
Tenant Address			
City	State	Zip	
Phone	Cell		
Email			

**SOCIAL SECURITY RECIPIENTS** must provide a copy of your current dated benefit statement or award letter to our office. If you do not have a copy of your current letter, you can contact your local Social Security office to request one or you can also visit the Social Security website, create an account, and get your new letter online.

**WEBSITE:** <http://www.socialsecurity.gov/>

**PENSION/ANNUITY RECIPIENTS** must provide a copy of your current benefit amount, by annual or quarterly statement or recent tax document.

**UNEMPLOYMENT BENEFITS** verification must be supplied by the resident in the form of a printout from the Iowa Workforce Development website located at <https://workforce.iowa.gov/unemployment>. These printouts must show resident's name, benefit amounts, dates received, and date printed. If you are receiving or will be receiving benefits, you should have the information needed to log into your account. You can also contact them by phone: 1-866-239-0843

**IMPORTANT:** ALL ADULT household members must complete and sign the appropriate sections in this packet.

*Your timely response during the recertification process is sincerely appreciated!*

	<i>Household Member's Name</i>	<i>Relationship</i>	<i>Date of Birth</i>	<i>Social Security Number</i>	<i>Has/Will this person be a student during this and/or upcoming school year? Yes/No</i>
1					
2					
3					
4					
5					
6					



Equal Housing Opportunity

**"This Institution is an Equal Opportunity Provider."**

# IFA Compliance Questionnaire



*Complete one form per adult household member who will occupy the unit at time of move-in and/or recertification.*

<b>Property Name:</b>	<b>IFA Project #:</b>
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Move-In   
  Recertification

Applicant's Name <i>First, Middle Initial, Last</i>	Relationship to Head of Household	Marital Status	Birth Date <i>Month, Date, year</i>

<b>Current Address:</b>				
	<i>Street Address (including Unit #, if applicable)</i>	<i>City</i>	<i>State</i>	<i>Zip</i>

<b>Daytime Tel #:</b>	<b>Evening Tel #:</b>
<b>Email Address:</b>	

Check either **YES** or **NO** to each question. If you respond "Yes" to any question, please provide a brief explanation in the space provided below the question. You may be required to supply additional documentation to verify your response.

<b>HOUSEHOLD INFORMATION:</b>	
<input type="checkbox"/> (YES) <input type="checkbox"/> (NO)	1. Do you expect any additions to the household within the next twelve months?
<input type="checkbox"/> (YES) <input type="checkbox"/> (NO)	2. Is there anyone living with you now who won't be living with you at this property?
<input type="checkbox"/> (YES) <input type="checkbox"/> (NO)	3. Do you have any minor children?

<b>INCOME INFORMATION Do you receive or expect to receive income in the next 12 months from any of the following sources:</b>	
<input type="checkbox"/> (YES) <input type="checkbox"/> (NO)	4. Social Security, SSI or other payments from the Social Security Administration?
<input type="checkbox"/> (YES) <input type="checkbox"/> (NO)	5. Employment pensions or retirement benefits, veteran's benefits or annuities?
<input type="checkbox"/> (YES) <input type="checkbox"/> (NO)	6. Employment wages or salaries (including overtime, bonuses, tips, commissions and cash)?
<input type="checkbox"/> (YES) <input type="checkbox"/> (NO)	7. Self-employment salaries (including overtime, bonuses, tips, commissions and cash)?
<input type="checkbox"/> (YES) <input type="checkbox"/> (NO)	8. Unemployment benefits or workman's compensation?
<input type="checkbox"/> (YES) <input type="checkbox"/> (NO)	9. Public assistance (General Relief, Aid to Families w/Dependent Children or other such support)?
<input type="checkbox"/> (YES) <input type="checkbox"/> (NO)	10. Court ordered alimony or child support?
<input type="checkbox"/> (YES) <input type="checkbox"/> (NO)	11. Alimony or child support paid directly from the payor that is not court-ordered?
<input type="checkbox"/> (YES) <input type="checkbox"/> (NO)	12. Regular payments from a severance package from a previous employer?
<input type="checkbox"/> (YES) <input type="checkbox"/> (NO)	13. Regular payments from any type of settlement (insurance settlement/award from lawsuit)?
<input type="checkbox"/> (YES) <input type="checkbox"/> (NO)	14. Regular payments as a member of the Armed Forces?
<input type="checkbox"/> (YES) <input type="checkbox"/> (NO)	15. Regular payments from disability, death benefits, trusts or life insurance dividends?

## IFA Compliance Questionnaire



<input type="checkbox"/>	(YES)	<input type="checkbox"/>	(NO)	16. Regular gifts or payments from anyone outside of the household (including cash or goods)?
<input type="checkbox"/>	(YES)	<input type="checkbox"/>	(NO)	17. Regular payments from lottery winnings or inheritance?
<input type="checkbox"/>	(YES)	<input type="checkbox"/>	(NO)	18. Regular payments from rental property (land contracts or other real estate transactions)?
<input type="checkbox"/>	(YES)	<input type="checkbox"/>	(NO)	19. Educational grants, scholarships or other student benefits?
<input type="checkbox"/>	(YES)	<input type="checkbox"/>	(NO)	20. Any other sources of income not listed?
<input type="checkbox"/>	(YES)	<input type="checkbox"/>	(NO)	21. Do you expect any changes to your income in the next twelve months?

**ASSET INFORMATION:** *An asset is defined as any lump sum amount that you hold and can currently access even though a financial penalty may be imposed.*

<input type="checkbox"/>	(YES)	<input type="checkbox"/>	(NO)	22. Checking accounts?
<input type="checkbox"/>	(YES)	<input type="checkbox"/>	(NO)	23. Savings accounts?
<input type="checkbox"/>	(YES)	<input type="checkbox"/>	(NO)	24. Certificates of deposit (CDs), money market accounts or treasury bills?
<input type="checkbox"/>	(YES)	<input type="checkbox"/>	(NO)	25. Stocks, bonds, mutual funds or securities?
<input type="checkbox"/>	(YES)	<input type="checkbox"/>	(NO)	26. Any capital gains (assets sold in excess of purchase price) during the previous 12 months?
<input type="checkbox"/>	(YES)	<input type="checkbox"/>	(NO)	27. Trust Funds?
<input type="checkbox"/>	(YES)	<input type="checkbox"/>	(NO)	28. IRA, KEOGH or other retirement accounts?
<input type="checkbox"/>	(YES)	<input type="checkbox"/>	(NO)	29. Cash on hand over \$500 (other than money previously reported in checking or savings)?
<input type="checkbox"/>	(YES)	<input type="checkbox"/>	(NO)	30. Real estate, rental property, (land contracts/contract for deed or other real estate holdings)?
<input type="checkbox"/>	(YES)	<input type="checkbox"/>	(NO)	31. Have you sold, disposed or given away any property in the last two years? (such as large charitable contributions over \$500 or real estate)
<input type="checkbox"/>	(YES)	<input type="checkbox"/>	(NO)	32. Personal property held as an investment (such as paintings, coins, art work or antiques)?
<input type="checkbox"/>	(YES)	<input type="checkbox"/>	(NO)	33. Whole or universal life insurance policies (not including term policies)?
<input type="checkbox"/>	(YES)	<input type="checkbox"/>	(NO)	34. Pre-Paid Debit Card (Store Value/EBT Card/Reliacard)
<input type="checkbox"/>	(YES)	<input type="checkbox"/>	(NO)	35. A safe deposit box with a monetary content of \$500 or more?

# IFA Compliance Questionnaire



OTHER INFORMATION:		
<input type="checkbox"/> (YES) <input type="checkbox"/> (NO)	36.	Are you claiming ZERO Income?
<input type="checkbox"/> (YES) <input type="checkbox"/> (NO)	37.	Have you been a student during the current calendar year?
<input type="checkbox"/> (YES) <input type="checkbox"/> (NO)	38.	Are you currently a student or do you plan to be a student during the current calendar year?
<input type="checkbox"/> (YES) <input type="checkbox"/> (NO)	39.	Will you or anyone in your household require a live-in care attendant?
<input type="checkbox"/> (YES) <input type="checkbox"/> (NO)	40.	Will your household be receiving Section 8 rental assistance at the time of move-in?
<input type="checkbox"/> (YES) <input type="checkbox"/> (NO)	41.	Will your household apply for Section 8 rental assistance in the next 12 months?
<input type="checkbox"/> (YES) <input type="checkbox"/> (NO)	42.	Does your household have any needs that might be better served by an apartment that is accessible to persons with mobility or other impairments?

### APPLICANT RESPONSIBILITIES:

All Questions that were answered "Yes" will need to be verified through the appropriate third-party sources. It will be your responsibility to provide management will all the necessary information to properly process your application and in the future, to verify your on-going eligibility as required. You will be asked to provide the names, addresses, phone number and fax numbers, account numbers (where applicable) and any other information that may be necessary in order to expedite the verification process.

Upon review of the information management receives, you will be provided with a separate verification form for each source that requires verification that you will need to sign and date. You will not be asked to sign a blanket verification form nor will you be asked to sign any blank verification forms.

### SIGNATURE:

I understand that management is relying on this information to prove my household's eligibility which is required by the funding sources under which this property operates. I certify under penalty of perjury that all information and answers provided are true and complete to the best of my knowledge. I further understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may also result in criminal penalties.

I authorize my consent to have management verify the information contained in this application questionnaire and to perform a credit check and criminal background check for purposes of proving my eligibility for occupancy. I understand that my occupancy is also contingent on meeting management's resident selection criteria and other program requirements.

\_\_\_\_\_  
Applicant/Resident Signature

\_\_\_\_\_  
Date

**DAYCARE:**

Do you have child care expenses for child/ren under age 13 because you work, are actively seeking employment or attending school?

If yes, list name and address of provider: \_\_\_\_\_

Is any portion paid by another person or agency? If yes, list contact information of person or agency:

COMPLETE THIS SECTION **ONLY** IF HEAD OF HOUSEHOLD, CO-HEAD, OR SPOUSE ARE AT LEAST 62 YEARS OR OLDER OR HANDICAPPED OR DISABLED.

Expense	Name	Yes	No	Amount	Contact Information
MEDICARE PART A					Name: Phone Number:
MEDICARE PART B					Name: Phone Number:
MEDICARE PART C					Name: Phone Number:
HEALTH INSURANCE Provide copy of monthly premium					Name: Phone Number:
OTHER MEDICAL HEALTH INSURANCE					Name: Phone Number:
MEDICAL ASSISTANCE SPENDOWN					Name: Phone Number:
OPTOMOLOGIST (Eyes)					Name: Phone Number:
EYEGASSES/CONTACTS					Name: Phone Number:
AUDIOLOGIST (Hearing)					Name: Phone Number:
HEARING AIDS/BATTERIES					Name: Phone Number:
DENTAL & DENTAL EXPENSES					Name: Phone Number:
PRESCRIPTION MEDICATIONS					Name: Phone Number:
NON-PRESCRIPTION MEDS -Must be verified w/physician -Resident must provide receipts					Name: Phone Number:
HOME HEALTH CARE					Name: Phone Number:
MEDICAL EQUIPMENT COSTS					Name: Phone Number:
MEDICAL RELATED TRAVEL -Number of visits must be verified w/medical provider					Name: Phone Number:
OTHER MEDICAL EXPENSES					Name: Phone Number:

**PLEASE ATTACH ADDITIONAL SHEET IF MORE SPACE IS NEEDED.**

**PLEASE UPDATE YOUR EMERGENCY CONTACT:**

NAME			
ADDRESS			
CITY		STATE:	ZIP:
PHONE		CELL	
EMAIL		RELATIONSHIP:	

## TENANT RELEASE AND CONSENT

I/We, the undersigned, hereby authorize all representatives of companies/agencies in the categories listed below to release, without liability, information regarding employment, additional forms of income, benefits, assets, and references to **Van Binsbergen & Associates, Inc.** (Owner and/or Agent), for purposes of verifying information listed on the rental application.

### INFORMATION COVERED

I/We understand that previous or current information regarding my/our household may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identifiers; employment, income and assets; medical or child care allowances. I/We understand this authorization cannot be used to obtain any information which is not pertinent to eligibility as a qualified tenant.

### GROUPS OR INDIVIDUALS WHO MAY BE CONTACTED

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

Past and Present Employers	Veterans Administration	Welfare Agencies
State Unemployment Agencies	Social Security Administration	Retirement Systems
Support and Alimony Providers	Banks/Other Financial Institutions	Colleges & Universities
Medical and Child Care Providers	Previous Landlords	Public Housing Agencies

### SAVE VERIFICATION CONSENT FORM

For every household member (adult or child) identified as an eligible noncitizen on the application, the signatures below provide consent to the following for the individual and/or signature of parent/guardian for household members under the age of 18:

1. The use of provided evidence/documentation to verify eligible immigration status to enable household members to receive financial assistance for housing.
2. The release of such evidence to the DHS for purposes of verification of the immigration status of the individual.

### CONDITIONS

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

### SIGNATURES

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name & Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name & Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name & Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name & Date



## Student Status Certification



<b>Property Name:</b>	
<b>Household Name:</b>	

**This page is to be used when qualifying households for eligibility with the LIHTC program (one document per household)**

Check A, B, C or D, as applicable (note that “student(s)” include those attending public or private elementary schools, middle or junior high schools, senior high schools, colleges universities, technical, trade, or mechanical schools, but does not include those attending on-the-job training courses):

- A.  Household contains at least one occupant who is not a student, has not been a student, and will not be a student during the current and/or upcoming calendar year. A student is defined as someone who attends school full time for any part of five or more months in a calendar year (months need not be consecutive). If this item is checked, no further information is needed.
- B.  Household contains all students, but the following occupant(s) is/are a part-time student(s). Documentation of part time student status is required for at least one member of the household.

	PT Student Name:
1.	
2.	
3.	
4.	

- C.  Household contains all full-time students for five or more months during the current and/or upcoming calendar year (months need not be consecutive). If this item is checked, questions 1-5, below must be completed:
  - 1. Is at least one student receiving assistance under Title IV of the Social Security Act (known as TANF in Iowa –provide TANF award letter or 3<sup>rd</sup> party verification)?  (YES)  (NO)
  - 2. Was at least one student previously under the care and placement responsibility of the state agency responsible for administering foster care? (provide documentation of participation)  (YES)  (NO)
  - 3. 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 documentation of participation)  (YES)  (NO)
  - 4. Is at least one student a single parent with child(ren) and this parent is not a dependent of another individual and the child(ren) is/are not dependent(s) of someone other than a parent?  (YES)  (NO)
  - 5. Are the students married and entitled to file a joint tax return (provide marriage certificate or tax returns)?  (YES)  (NO)
- D.  No member of this household has been a student during the current calendar year or plans on becoming a student in the current or upcoming calendar year.

Under penalty of perjury I certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understands that providing false information herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a Lease Agreement.

Applicant/Resident Signature	Date	Applicant/Resident Signature	Date
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**LIHTC  
For Office Use Only:**

Date Reviewed		Date Approved		Effective Date	
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## ALIMONY/CHILD SUPPORT SELF-CERTIFICATION



*Complete one form per household member who is eligible to receive alimony and/or child support.  
Please attach any court documentation you have that supports your position.*

Property Name:	IFA Project #:
Household Name:	BIN & Unit #:

Case Number(s) \_\_\_\_\_

List Covered Dependent(s) (if applicable) \_\_\_\_\_

		Amount	Frequency
1.	<input type="checkbox"/> I certify that I have been <u>awarded</u> the following amount of alimony and/or child support.	_____	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually
2.	<input type="checkbox"/> I certify that I <u>receive</u> the following amount of alimony and/or child support. <i>Please provide proof of payment (i.e. printout from DHS).</i>	_____	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually
3.	<input type="checkbox"/> I certify that I do not receive payments of awarded alimony and/or child support at this time and I do not expect to receive payments in the next 12 months. I have made reasonable attempts to collect the all support awarded. <i>Please provide documentation of attempts to collect court ordered support. This can be in the form of a narrative provided by the household member.</i>		
4.	<input type="checkbox"/> I certify that I have not been awarded alimony and/or child support and that I do not reasonably expect to receive payments in the next twelve months.		

Under penalty of perjury I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understands that providing false information herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a Lease Agreement.

\_\_\_\_\_  
Applicant/Resident Signature

\_\_\_\_\_  
Date

## Under \$5,000 Asset Certification\*



For households who combined NET assets DO NOT exceed \$5,000.  
 Complete one form per household; include assets from children of the household  
 \*May not be used for HOME/National Housing Trust Fund Full Recertification Requirements

<b>Property Name:</b>	<b>IFA Project #:</b>
<b>Household Name:</b>	<b>BIN &amp; Unit #:</b>

**1. My/our assets include:**

(A) Cash Value**	(B) Int. Rate	(AxB) Annual Income	Source		(A) Cash Value**	(B) Int. Rate	(AxB) Annual Income	Source
			Savings Account					Checking Account
			Cash on Hand					Safety Deposit Box
			Certificates of Deposit					Money Market Funds
			Stocks					Bonds
			IRA Accounts					401K Accounts
			Keogh Accounts					Trust Funds
			Equity in Real Estate					Land Contracts
			Lump Sum Receipts					Capital Investments

(Name of Asset)

			Whole Life Insurance Policies	
			Other Retirement/Pension Funds	
			Personal Property held as an investment***	
			Any account only accessed through a debit card#	
			Other (Attach list if necessary)	

**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, gems or coin collections, art, antique cars, etc. DO NOT include necessary personal property such as, but not necessarily limited to, household furniture, daily use of autos, clothing, assets of an active business, or special equipment for use of the disabled.

# Do not count food stamp accounts or checking accounts already listed. Example: Payroll, Social Security or Welfare Accounts

**2. Disposed Assets**

(YES)  (NO) I/We have disposed of assets for less than fair market value in the last 2 years. Examples would include such items as charitable donations or giving/selling assets (such as real estate) to family.

**3. No Assets**

(YES) I/We DO NOT have any assets at this time.

**The Net Family Assets (as defined in CRF 813.102) above do not exceed \$5,000 AND the Annual Income from the Net Family asset is: \$ \_\_\_\_\_. This amount is included in the total Gross Annual Income.**

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understands that providing false information herein constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of a Lease Agreement.

\_\_\_\_\_  
Applicant/Resident Signature                      Date

\_\_\_\_\_  
Applicant/Resident Signature                      Date

\_\_\_\_\_  
Applicant/Resident Signature                      Date

\_\_\_\_\_  
Applicant/Resident Signature                      Date

## ZERO INCOME CERTIFICATION



*Must complete one form per adult household member reporting zero income during the Application Process*

Property Name:	IFA Project #:
Household Name:	BIN & Unit #:

1. I hereby certify that I **do not** receive income from any of the following sources. (Check each box as you review each statement):

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

2. Which of the following descriptions best describes your current situation? (Select only one response)

a.	I currently have no income of any kind and no change in my financial status or employment status is likely to occur during the next 12-month period. <b>OR</b>	<input type="checkbox"/>
b.	I currently am actively looking for employment, although I have no source of employment at this time	<input type="checkbox"/>

*Below, please provide information on the sources of funds to be used to pay for rent and other necessities while residing in the unit. **If it is not filled out in its entirety, the form will be considered incomplete, and the unit considered out of compliance.** For example, the answer "rental assistance" explains how rent will be paid, but not how other necessities will be paid and is not a complete answer.*

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Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understands that providing false information herein constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of a Lease Agreement.

\_\_\_\_\_  
 Applicant/Resident Signature                      Date

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**ACKNOWLEDGEMENT OF RECEIPT OF FORM HUD-5380, "NOTICE OF RIGHTS UNDER THE VIOLENCE AGAINST WOMEN ACT" AND FORM HUD-5382 "CERTIFICATION OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING, AND ALTERNATE DOCUMENTATION"**

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**\*You May Refuse to Sign This Acknowledgement\***

I, \_\_\_\_\_, have received a copy of the HUD-5380 Form and the HUD-5382 Form

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Please Print Name

Unit #

---

Signature

---

Date

\*This acknowledgement must be provided to each adult household member occupying the unit.

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**For Office Use Only**

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*Please print full name of household member and Unit # above if filling out this part of the form*

We have attempted to obtain written acknowledgement of the receipt of the HUD-5380 and the HUD-5382, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communications barrier prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please specify)

---

Staff Signature

---

Date



29565

# Verification of Deposit Housing Assistance Agencies



For faster processing, please complete the form on your computer before printing.

This form is for housing assistance agencies requesting consumer deposit information. Please complete the form including the customer authorization signature and fax to the number noted below. Your completed request will be faxed to the return fax number provided on this form.

**TYPE or complete in BLACK INK. Use only CAPITAL LETTERS**

Fax Requests To.....1-844-879-0412  
Online Instructions.....www.wellsfargo.com/biz/vod  
Balance Confirmation Services.....1-540-563-7323

## SECTION 1: REQUESTER INFORMATION

Company Name

Attention

Street Address

City

State

Zip

Requester Email (optional)

Requester Phone Number

Return Fax Number

## SECTION 2: CUSTOMER INFORMATION

Customer One Full Name (First Middle Last)

Customer Two Full Name (First Middle Last)

Customer One Social Security Number

Account Number(s) (Required)

Month

Day

Year

## CUSTOMER AUTHORIZATION

I/We authorize and direct Wells Fargo Bank to release the following information to the above mentioned requestor on my deposit accounts listed above or if only a Social Security Number is provided, all open depository accounts: Account Number, Account Type, Open or Closed, Account Holder(s), Current/Closing Balance, Open/Close Date, Current Interest Rate, Previous Six Average Statement Balances and Previous Six Months Interest Paid. In addition, CDs and IRAs will include: Term, Maturity Date, Interest Payment, Interest Method and Penalty.

Signature of Account Holder

Date

Signature of Account Holder

Date

## **ADDITIONAL ADULT MEMBERS OF THE HOUSEHOLD**

IF THERE IS ONLY ONE ADULT MEMBER OF THE HOUSEHOLD, YOU DO NOT NEED TO COMPLETE THE FOLLOWING FORMS. (ADULT MEMBER IS DEFINED AS 18 YEARS OF AGE OR OLDER.)

THE FOLLOWING FORMS ARE PROVIDED IF THERE ARE ADULT HOUSEHOLD MEMBERS IN ADDITION TO THE HEAD HOUSEHOLD MEMBER. THESE FORMS ARE TO BE COMPLETED AND SIGNED. IF THERE ARE MORE THAN TWO ADULTS WITHIN THE HOUSEHOLD, CONTACT OUR OFFICE SO MORE FORMS CAN BE SUPPLIED.

**IMPORTANT: ALL ADULT HOUSEHOLD MEMBERS ARE REQUIRED TO SIGN APPLICABLE AREAS THROUGHOUT THIS APPLICATION AND LEASING PROCESS.**

# IFA Compliance Questionnaire



*Complete one form per adult household member who will occupy the unit at time of move-in and/or recertification.*

<b>Property Name:</b>	<b>IFA Project #:</b>
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Move-In   
  Recertification

Applicant's Name <i>First, Middle Initial, Last</i>	Relationship to Head of Household	Marital Status	Birth Date <i>Month, Date, year</i>

Current Address:				
	<i>Street Address (including Unit #, if applicable)</i>	<i>City</i>	<i>State</i>	<i>Zip</i>

Daytime Tel #:	Evening Tel #:	
Email Address:		

Check either **YES** or **NO** to each question. If you respond "Yes" to any question, please provide a brief explanation in the space provided below the question. You may be required to supply additional documentation to verify your response.

HOUSEHOLD INFORMATION:		
<input type="checkbox"/> (YES) <input type="checkbox"/> (NO)	1.	Do you expect any additions to the household within the next twelve months?
<input type="checkbox"/> (YES) <input type="checkbox"/> (NO)	2.	Is there anyone living with you now who won't be living with you at this property?
<input type="checkbox"/> (YES) <input type="checkbox"/> (NO)	3.	Do you have any minor children?

INCOME INFORMATION <i>Do you receive or expect to receive income in the next 12 months from any of the following sources:</i>		
<input type="checkbox"/> (YES) <input type="checkbox"/> (NO)	4.	Social Security, SSI or other payments from the Social Security Administration?
<input type="checkbox"/> (YES) <input type="checkbox"/> (NO)	5.	Employment pensions or retirement benefits, veteran's benefits or annuities?
<input type="checkbox"/> (YES) <input type="checkbox"/> (NO)	6.	Employment wages or salaries (including overtime, bonuses, tips, commissions and cash)?
<input type="checkbox"/> (YES) <input type="checkbox"/> (NO)	7.	Self-employment salaries (including overtime, bonuses, tips, commissions and cash)?
<input type="checkbox"/> (YES) <input type="checkbox"/> (NO)	8.	Unemployment benefits or workman's compensation?
<input type="checkbox"/> (YES) <input type="checkbox"/> (NO)	9.	Public assistance (General Relief, Aid to Families w/Dependent Children or other such support)?
<input type="checkbox"/> (YES) <input type="checkbox"/> (NO)	10.	Court ordered alimony or child support?
<input type="checkbox"/> (YES) <input type="checkbox"/> (NO)	11.	Alimony or child support paid directly from the payor that is not court-ordered?
<input type="checkbox"/> (YES) <input type="checkbox"/> (NO)	12.	Regular payments from a severance package from a previous employer?
<input type="checkbox"/> (YES) <input type="checkbox"/> (NO)	13.	Regular payments from any type of settlement (insurance settlement/award from lawsuit)?
<input type="checkbox"/> (YES) <input type="checkbox"/> (NO)	14.	Regular payments as a member of the Armed Forces?
<input type="checkbox"/> (YES) <input type="checkbox"/> (NO)	15.	Regular payments from disability, death benefits, trusts or life insurance dividends?

## IFA Compliance Questionnaire



<input type="checkbox"/>	(YES)	<input type="checkbox"/>	(NO)	16. Regular gifts or payments from anyone outside of the household (including cash or goods)?
<input type="checkbox"/>	(YES)	<input type="checkbox"/>	(NO)	17. Regular payments from lottery winnings or inheritance?
<input type="checkbox"/>	(YES)	<input type="checkbox"/>	(NO)	18. Regular payments from rental property (land contracts or other real estate transactions)?
<input type="checkbox"/>	(YES)	<input type="checkbox"/>	(NO)	19. Educational grants, scholarships or other student benefits?
<input type="checkbox"/>	(YES)	<input type="checkbox"/>	(NO)	20. Any other sources of income not listed?
<input type="checkbox"/>	(YES)	<input type="checkbox"/>	(NO)	21. Do you expect any changes to your income in the next twelve months?

**ASSET INFORMATION:** *An asset is defined as any lump sum amount that you hold and can currently access even though a financial penalty may be imposed.*

<input type="checkbox"/>	(YES)	<input type="checkbox"/>	(NO)	22. Checking accounts?
<input type="checkbox"/>	(YES)	<input type="checkbox"/>	(NO)	23. Savings accounts?
<input type="checkbox"/>	(YES)	<input type="checkbox"/>	(NO)	24. Certificates of deposit (CDs), money market accounts or treasury bills?
<input type="checkbox"/>	(YES)	<input type="checkbox"/>	(NO)	25. Stocks, bonds, mutual funds or securities?
<input type="checkbox"/>	(YES)	<input type="checkbox"/>	(NO)	26. Any capital gains (assets sold in excess of purchase price) during the previous 12 months?
<input type="checkbox"/>	(YES)	<input type="checkbox"/>	(NO)	27. Trust Funds?
<input type="checkbox"/>	(YES)	<input type="checkbox"/>	(NO)	28. IRA, KEOGH or other retirement accounts?
<input type="checkbox"/>	(YES)	<input type="checkbox"/>	(NO)	29. Cash on hand over \$500 (other than money previously reported in checking or savings)?
<input type="checkbox"/>	(YES)	<input type="checkbox"/>	(NO)	30. Real estate, rental property, (land contracts/contract for deed or other real estate holdings)?
<input type="checkbox"/>	(YES)	<input type="checkbox"/>	(NO)	31. Have you sold, disposed or given away any property in the last two years? (such as large charitable contributions over \$500 or real estate)
<input type="checkbox"/>	(YES)	<input type="checkbox"/>	(NO)	32. Personal property held as an investment (such as paintings, coins, art work or antiques)?
<input type="checkbox"/>	(YES)	<input type="checkbox"/>	(NO)	33. Whole or universal life insurance policies (not including term policies)?
<input type="checkbox"/>	(YES)	<input type="checkbox"/>	(NO)	34. Pre-Paid Debit Card (Store Value/EBT Card/Reliacard)
<input type="checkbox"/>	(YES)	<input type="checkbox"/>	(NO)	35. A safe deposit box with a monetary content of \$500 or more?



# IFA Compliance Questionnaire



OTHER INFORMATION:		
<input type="checkbox"/> (YES)	<input type="checkbox"/> (NO)	36. Are you claiming ZERO Income?
<input type="checkbox"/> (YES)	<input type="checkbox"/> (NO)	37. Have you been a student during the current calendar year? _____
<input type="checkbox"/> (YES)	<input type="checkbox"/> (NO)	38. Are you currently a student or do you plan to be a student during the current calendar year? _____
<input type="checkbox"/> (YES)	<input type="checkbox"/> (NO)	39. Will you or anyone in your household require a live-in care attendant? _____
<input type="checkbox"/> (YES)	<input type="checkbox"/> (NO)	40. Will your household be receiving Section 8 rental assistance at the time of move-in? _____
<input type="checkbox"/> (YES)	<input type="checkbox"/> (NO)	41. Will your household apply for Section 8 rental assistance in the next 12 months? _____
<input type="checkbox"/> (YES)	<input type="checkbox"/> (NO)	42. Does your household have any needs that might be better served by an apartment that is accessible to persons with mobility or other impairments? _____

**APPLICANT RESPONSIBILITIES:**

*All Questions that were answered "Yes" will need to be verified through the appropriate third-party sources. It will be your responsibility to provide management will all the necessary information to properly process your application and in the future, to verify your on-going eligibility as required. You will be asked to provide the names, addresses, phone number and fax numbers, account numbers (where applicable) and any other information that may be necessary in order to expedite the verification process.*

*Upon review of the information management receives, you will be provided with a separate verification form for each source that requires verification that you will need to sign and date. You will not be asked to sign a blanket verification form nor will you be asked to sign any blank verification forms.*

**SIGNATURE:**

I understand that management is relying on this information to prove my household's eligibility which is required by the funding sources under which this property operates. I certify under penalty of perjury that all information and answers provided are true and complete to the best of my knowledge. I further understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may also result in criminal penalties.

I authorize my consent to have management verify the information contained in this application questionnaire and to perform a credit check and criminal background check for purposes of proving my eligibility for occupancy. I understand that my occupancy is also contingent on meeting management's resident selection criteria and other program requirements.

\_\_\_\_\_  
Applicant/Resident Signature

\_\_\_\_\_  
Date

**DAYCARE:**

Do you have child care expenses for child/ren under age 13 because you work, are actively seeking employment or attending school?

If yes, list name and address of provider: \_\_\_\_\_

Is any portion paid by another person or agency? If yes, list contact information of person or agency:

COMPLETE THIS SECTION **ONLY** IF HEAD OF HOUSEHOLD, CO-HEAD, OR SPOUSE ARE AT LEAST 62 YEARS OR OLDER OR HANDICAPPED OR DISABLED.

Expense	Name	Yes	No	Amount	Contact Information
MEDICARE PART A					Name: Phone Number:
MEDICARE PART B					Name: Phone Number:
MEDICARE PART C					Name: Phone Number:
HEALTH INSURANCE Provide copy of monthly premium					Name: Phone Number:
OTHER MEDICAL HEALTH INSURANCE					Name: Phone Number:
MEDICAL ASSISTANCE SPENDOWN					Name: Phone Number:
OPTOMOLOGIST (Eyes)					Name: Phone Number:
EYEGASSES/CONTACTS					Name: Phone Number:
AUDIOLOGIST (Hearing)					Name: Phone Number:
HEARING AIDS/BATTERIES					Name: Phone Number:
DENTAL & DENTAL EXPENSES					Name: Phone Number:
PRESCRIPTION MEDICATIONS					Name: Phone Number:
NON-PRESCRIPTION MEDS -Must be verified w/physician -Resident must provide receipts					Name: Phone Number:
HOME HEALTH CARE					Name: Phone Number:
MEDICAL EQUIPMENT COSTS					Name: Phone Number:
MEDICAL RELATED TRAVEL -Number of visits must be verified w/medical provider					Name: Phone Number:
OTHER MEDICAL EXPENSES					Name: Phone Number:

**PLEASE ATTACH ADDITIONAL SHEET IF MORE SPACE IS NEEDED.**

**PLEASE UPDATE YOUR EMERGENCY CONTACT:**

NAME			
ADDRESS			
CITY		STATE:	ZIP:
PHONE		CELL	
EMAIL		RELATIONSHIP:	

## ZERO INCOME CERTIFICATION



*Must complete one form per adult household member reporting zero income during the Application Process*

Property Name:	IFA Project #:
Household Name:	BIN & Unit #:

1. I hereby certify that I **do not** receive income from any of the following sources. (Check each box as you review each statement):

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

2. Which of the following descriptions best describes your current situation? (Select only one response)

a.	I currently have no income of any kind and no change in my financial status or employment status is likely to occur during the next 12-month period. <b>OR</b>	<input type="checkbox"/>
b.	I currently am actively looking for employment, although I have no source of employment at this time	<input type="checkbox"/>

*Below, please provide information on the sources of funds to be used to pay for rent and other necessities while residing in the unit. **If it is not filled out in its entirety, the form will be considered incomplete, and the unit considered out of compliance.** For example, the answer "rental assistance" explains how rent will be paid, but not how other necessities will be paid and is not a complete answer.*

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Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understands that providing false information herein constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of a Lease Agreement.

\_\_\_\_\_  
Applicant/Resident Signature                      Date

## ALIMONY/CHILD SUPPORT SELF-CERTIFICATION



*Complete one form per household member who is eligible to receive alimony and/or child support.  
Please attach any court documentation you have that supports your position.*

Property Name:	IFA Project #:
Household Name:	BIN & Unit #:

Case Number(s) \_\_\_\_\_

List Covered Dependent(s) (if applicable) \_\_\_\_\_

		Amount	Frequency
1.	<input type="checkbox"/> I certify that I have been <u>awarded</u> the following amount of alimony and/or child support.	_____	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually
2.	<input type="checkbox"/> I certify that I <u>receive</u> the following amount of alimony and/or child support. <i>Please provide proof of payment (i.e. printout from DHS).</i>	_____	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually
3.	<input type="checkbox"/> I certify that I do not receive payments of awarded alimony and/or child support at this time and I do not expect to receive payments in the next 12 months. I have made reasonable attempts to collect the all support awarded. <i>Please provide documentation of attempts to collect court ordered support. This can be in the form of a narrative provided by the household member.</i>		
4.	<input type="checkbox"/> I certify that I have not been awarded alimony and/or child support and that I do not reasonably expect to receive payments in the next twelve months.		

Under penalty of perjury I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understands that providing false information herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a Lease Agreement.

\_\_\_\_\_  
Applicant/Resident Signature

\_\_\_\_\_  
Date

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**ACKNOWLEDGEMENT OF RECEIPT OF FORM HUD-5380, "NOTICE OF RIGHTS UNDER THE VIOLENCE AGAINST WOMEN ACT" AND FORM HUD-5382 "CERTIFICATION OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING, AND ALTERNATE DOCUMENTATION"**

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**\*You May Refuse to Sign This Acknowledgement\***

I, \_\_\_\_\_, have received a copy of the HUD-5380 Form and the HUD-5382 Form

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Please Print Name

Unit #

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Signature

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Date

\*This acknowledgement must be provided to each adult household member occupying the unit.

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**For Office Use Only**

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*Please print full name of household member and Unit # above if filling out this part of the form*

We have attempted to obtain written acknowledgement of the receipt of the HUD-5380 and the HUD-5382, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communications barrier prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please specify)

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Staff Signature

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Date