



Household Size	1 person	2	3	4
Max Annual Income	\$35,880	\$41,040	\$46,140	\$51,240
Rent	1bd \$675	2bd \$745	2bd Dlx \$825	

Tax Credit Housing Program Application Instructions

Thank you for your interest in Rockport Apartments. Rockport Apartments is an affordable housing community developed and managed pursuant to terms and restrictions of Section 42 of the Low-Income Housing Tax Credit program. Eligibility is subject to income restrictions. Rents are not income based. Please read the instructions carefully and complete the forms in their entirety.

- 1) To complete the application process promptly, please complete the attached Application Questionnaire, Release of Information, Tenant Sworn Income and Asset Statement, and the Student Certification.
Please be sure to sign and date each of the documents.
- 2) Complete the remaining forms as applicable to your circumstances:
 - **Bank Account Verification** – Complete this document for Checking, Savings, Certificates of Deposit, or Retirement Accounts. Enter Your Name, Social Security Number and Address in the **Boxed area marked accordingly** and sign and date the Release statement directly below this box.
Do not complete any other information please.
 - **Under \$5000 Asset Certification** – Complete all information on this form, sign and date.
 - **Employment Verification** – Complete this form if you are currently employed.
Enter Your Name, Social Security Number and Address in the
Boxed area and sign and date the Release statement directly below this box.
Do not complete any other information please.
 - **Social Security Income Verification** – Complete this form only if anyone in the household receives Social Security or Supplemental Social Security Benefits. Enter Your Name, Social Security Number and Address in the Boxed area marked RE: **Please sign and date the Release statement directly below this box.**
Do not complete any other information please.

Application Fee: \$25.00 per adult household member by money order only must accompany application.

Identification

- Birth Certificates for every household member.
- Social Security Cards for all household members.
- Photo/Government issued ID for all household members 18 years of age and older.

Income Information

- Payroll/paycheck stubs for 6 consecutive pay periods if paid bi-weekly, or 9 consecutive pay stubs if paid weekly.
- Confirmation of 401K or other retirement accounts or deductions other than medical plans and taxes.
- 12-month CSEA print out of any court ordered child support that is in place, regardless of the payment status.
- Social Security Award Letter for SSI benefits that are received. This must be a current document.
- Current benefit letter for any pension, annuity or trusts.
- ATM or other printout of balance of any PayPal or e-commerce accounts.

Asset Information

- Checking account bank information and 6 consecutive bank statements.
- Savings account bank information and 1 current statement.
- ATM balances for any prepaid cards.

Your application must be returned complete to be accepted and processed.

We greatly appreciate your timely response and assistance in completing the annual recertification and your continued occupancy at Rockport Apartments. Please call us with any questions at **216-941-4464**.



APPLICATION FOR RESIDENCY

- Each adult 18 years or older must complete a separate application. Application Fee of \$25 per adult.
- No white out may be used. If an error is made, simply use a line ~~such as this~~ and then initial next to the change.
- No line may be left blank. If the item does not apply, please write "N/A" or "None".
- The household will be accepted or denied as a household. If one person in a household is denied, all applicants within that household will be denied.
- If you require assistance in completing this application, please contact the leasing office.

1. YOUR Name (may be different than the head of household):

(First) (MI) (Last)

2. HEAD OF HOUSEHOLD'S Name (this may or may not be YOUR name):

(First) (MI) (Last)

(We may use the Head of Household and the Head of Household's contact information for communicating with all members of the household)

3. YOUR Information:

Address: _____

City, State, Zip: _____

Telephone: _____

Email: _____

4. How did you hear about us?

Internet (Site: _____)
Referred by Resident (Name: _____)
Advertisement
Other _____

Walk-In
Brochure/Flyer/Newspaper
Employer

5. What size apartment are you requesting?

Studio/Efficiency
"Junior" One (1) Bedroom
One (1) Bedroom
Two (2) Bedrooms
Three (3) Bedrooms
Four (4) Bedrooms

Note: All sizes may NOT be available
at this community!

FOR OFFICE USE ONLY	
Bedroom size:	_____
App. Date:	_____
App. Time:	_____
Staff Initials:	_____



6. HOUSEHOLD MEMBERS: (List each household member, including the head of household and yourself)

Name (First, Middle, Last) – as it appears on your social security card or ID	Relationship to Head of Household	Social Security Number	Date of Birth	Driver's License Number or Picture ID Number	List ALL states and countries in which the household member has resided

Has anyone listed on this application used another name? If yes, please describe: _____

Is anyone currently residing with you who is not listed above? If yes, please describe: _____

Are there any changes expected to the household composition within the next 12 months or will there be anyone residing in the unit who is not listed above? If yes, please describe: _____

***7. Does any household member require the features of an accessible unit?** YES or NO (Circle One)

If yes, please describe: _____

***8. Are any of the household members residing in Federally Assisted Housing and/or receiving Housing Assistance? (Section 8 voucher, project based Section 8, or other program)** YES or NO (Circle One)

If yes, please describe: _____

9. Have you or any household member previously resided in this apartment community? YES or NO (Circle One)

10. Have you or any household member previously applied to reside at this apartment community within the last six (6) months? YES or NO (Circle One)

11. Are you or any household member seeking housing due to Government action, natural disaster, presidentially declared disaster, or any other preferential purposes? YES or NO (Circle One)

12. Have you or any household member previously been convicted of criminal activity? Note: not all criminal offenses will be considered as a cause for rejection of the application.

YES or NO (Circle One)

Rockport Apartments

If yes, please describe: _____

13. Are you or any household member currently on parole or probation? YES or NO (Circle One)

If yes, please describe: _____

14. Are you or any household member subject to a lifetime sex offender registration in any state?

YES or NO (Circle One)

If yes, please describe: _____

15. Have you or any household member ever been evicted from prior housing? YES or NO (Circle One)

If yes, please describe: _____

16. Have you or any household member ever had rental assistance terminated? YES or NO (Circle One)

If yes, please describe: _____

17. Do you or any household member owe a balance to a previous landlord? YES or NO (Circle One)

If yes, please describe: _____

18. Vehicle Information: Make: _____ Model: _____ Color: _____

Registered in your name? YES or NO (Circle One) Insured? YES or NO (Circle One)

***20. STUDENT STATUS** Are you, or any other household member currently enrolled at an institution of higher learning (college, vocational school, or other institution offering a diploma, certificate or degree), either full-time or part-time, or

Do you expect to be enrolled in an institute of higher learning in the next 12 months, or

Have you been a student in an institute of higher learning in the past 12 months?

YES or NO (Circle One)

If yes, please describe: _____

****If you are not sure, please mark "YES" and the property will verify your student status****

(THIS AREA INTENTIONALLY LEFT BLANK)



21. RESIDENCY / LANDLORD HISTORY

Please list all residential history for the last FIVE (5) years. Any "blanks" or inaccurate information may cause the application to be immediately denied. ****ATTACH SEPARATE PAGES IF MORE SPACE IS NEEDED***

CURRENT ADDRESS	Address:			Own or Rent?	
	City:	State:	Zip:	Subsidized?	
	Reason for Leaving:			Were you on the lease?	
	Landlord Name:			Dates	From:
	Landlord Address:				To:
	Landlord Phone:				

IMMEDIATE PAST ADDRESS	Address:			Own or Rent?	
	City:	State:	Zip:	Subsidized?	
	Reason for Leaving:			Were you on the lease?	
	Landlord Name:			Dates	From:
	Landlord Address:				To:
	Landlord Phone:				

PREVIOUS ADDRESS	Address:			Own or Rent?	
	City:	State:	Zip:	Subsidized?	
	Reason for Leaving:			Were you on the lease?	
	Landlord Name:			Dates	From:
	Landlord Address:				To:
	Landlord Phone:				



22. OPTIONAL Race/Ethnicity: We are required by authorities having jurisdiction to ask the following information in an effort to better understand our marketing and outreach efforts. Answering this question is optional and will not be used to determine eligibility:

My race is (circle one): (Hispanic or Latino) (Non-Hispanic or Latino)

My ethnicity is (circle one or more): American Indian or Alaska Native Asian Black/African American
Native Hawaiian or Other Pacific Islander White Other

23. INCOME, ASSETS, EXPENSES and other financial and eligibility information

The amounts listed below will be separately verified. The purpose of providing the information at the time of application is to attempt to make an initial determination of qualification for the housing programs applicable to this community. More information will be required on a separate form.

Income Type	Amount	Source	Start Date
Wages/Earnings/Tips			
Social Security/SSI			
Child Support/Alimony			
Income from Business/Self Employment			
TANF			
Pension/VA			
Unemployment			
Other:			

Examples include: Employment, unemployment, Social Security, SSI, SSDA, VA Benefits, military pay, Welfare Assistance, Annuities, retirement benefits, pensions, severance pay, death benefits, recurring gifts or contributions from others, child support, alimony, business income, or any and all other sources which are not exempt from income consideration.

What are your household's total assets?

Asset Type	Amount	Institution/Bank/Location
Checking Account		
Savings Account		
Benefits Card Balance		
CD's, IRA's, 401k's, trust accounts		
Other stocks, bonds, business ownership or other investments		
Real property		
Other Assets		

Other assets include: lump sum payments, cash, proceeds from settlements, real property (house, land, commercial property, etc.), investment assets, precious jewelry or metals held as a non-personal asset or investment, ownership of businesses, or any and all other assets which are not exempt from consideration?

Do not include personal property, personal jewelry (such as wedding ring), or personal vehicles.

24. Have you or any member of the household disposed of an asset for less than Fair Market Value within the last two (2) years? YES or NO (Circle One)

If yes, please describe: _____

PLEASE READ THE FOLLOWING: I understand that the information contained herein is being collected to determine my/our



Rockport Apartments

eligibility for residency and/or program eligibility. I understand that the owner/agent of the apartment community for which I/we are applying may utilize a consumer or credit reporting agency to make an inquiry (or inquiries) of my consumer or credit history, rental history, criminal history, general reputation, financial responsibility, and other factors which may affect eligibility. In addition to the consumer or credit reporting agencies, the owner/agent may utilize other means such as Internet searches, third party or document verifications, and all other reasonable efforts to determine the accuracy of the information I provided herein and my eligibility to the property or program to which I am applying. I further understand that the owner/agent may continue to make such inquiries during the tenure of my tenancy at this apartment community to determine my continued eligibility. By signing this application, I release the owner/agent of this apartment community to obtain such information about me or my family that is pertinent to the rental of the apartment and determination of eligibility.

Initial each statement below:

_____ I understand that I must update any changes in this application as soon as possible, IN WRITING, or it will be considered inactive and the application may be rejected.

_____ I understand that the owner/agent is in no way making a commitment to lease an apartment home to me, even if I am determined to be eligible.

_____ I understand that my eligibility may vary, and if at any time I am determined to be eligible, I may be later determined to be ineligible due to numerous factors (examples include, but are not limited to, change in income, change in credit/criminal/rental and other history, change in household size, change in program eligibility, change in availability of appropriate apartment units, etc.)

_____ I understand that if selected, the unit I/we occupancy must be my only place of residence.

_____ I understand that false statements or information may be punishable under federal law. Such penalties for submitting false information can result in denial of the application, termination of tenancy, loss of assistance, fines of up to \$10,000, and/or imprisonment of up to five (5) years; other penalties may apply.

_____ I certify that I have the legal authority to make application on behalf of any minors listed in this application, and to agree to all terms herein that I have agreed to on their behalf as well.

_____ I understand that all members of a household will be screened as one, if any one person within a household does not qualify for the apartment community or program, the entire household will be declined.

_____ I understand and have had the opportunity to review the owner/agent's policies, including the tenant selection plan, reasonable accommodation/modification policies, VAWA policies, screening policies, security deposit policies, and any and all other policies which are made available to the public at the leasing office. I understand that those policies and tenant selection plan has a complete list of the information being sought and the ways and means in which the owner/agent may seek the information.

BY SIGNING BELOW, give my consent to have the owner/agent verify the information contained in this application for purposes of proving my eligibility for occupancy. I will provide all necessary information including names, addresses, phone numbers, account numbers (where applicable) and any other information required for expediting this process. I understand that my occupancy is contingent upon meeting the owner/agents tenant selection criteria and any Section 42 IRS, HUD, or other program requirements.

I certify that all information and answers provided in this application and ancillary documentation are true and complete to the best of my knowledge and wish to make application for residency at this apartment community.

Signature

Date

Last 4 of SSN

TO BE COMPLETED BY ALL APPLICANTS/TENANTS 18 AND OVER

Applicant/Tenant: _____

Yes No

Have you, are you or will you be a student this calendar year? (HUD/HOME, LIHTC)

☐ ☐

"Student" includes 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 or those pursuing a GED. **If you are not sure, please mark "yes" and the property management company will verify your student status, as well as any exceptions that you claim.**

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

If you answered Yes, please complete the following questions:

Yes No

1. Are you a full-time student? (Will you or have you attended school for five months or more this calendar year with a full-time status? The months do not need to be consecutive.) ☐ ☐
2. Are you married? (HUD/HOME, LIHTC) ☐ ☐
3. Are you a single parent with a child(ren)? ☐ ☐
If yes:
 - a. Are you a dependent of someone else? (LIHTC) ☐ ☐
 - b. Is your child(ren) a dependent of someone other than a parent? (LIHTC) ☐ ☐
4. Are you receiving assistance under Title IV of the Social Security Act (e.g.TANF)? (LIHTC) ☐ ☐
5. Are you enrolled in a government-sponsored job training program (e.g. Job Corp, AmeriCorp)? (LIHTC) ☐ ☐
6. Were you previously in foster care at any time through the age of 18? (LIHTC) ☐ ☐

The following questions apply only to households applying for/assisted by a HUD or HOME program. If you are not applying for/assisted by a HUD or HOME program, please skip the remaining questions and sign below.

7. Are you disabled? ☐ ☐
If yes, were you receiving Section 8 assistance as of November 30, 2005? ☐ ☐
8. Are you over 23 years of age? ☐ ☐
9. Do you have a dependent child(ren)? ☐ ☐
If yes, does your child(ren) live with you at least 50% of the time? ☐ ☐
10. Are you a veteran of the Armed Forces of the United States or currently serving on active duty in the Armed Forces other than training purposes? ☐ ☐
11. Will you be living with your parents? ☐ ☐
 - 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? ☐ ☐
 - c. Do you receive financial assistance from your parents? ☐ ☐
12. Have you established a household separate from parents or legal guardians for at least one year prior to application for occupancy? ☐ ☐
If no:
 - a. Were you an orphan or a ward of the court through age 18? ☐ ☐
 - b. Are you a graduate or professional student? ☐ ☐
13. Are you receiving any financial aid to pay for your education? ☐ ☐

Owner/owner agent is responsible for reviewing [Student Independence Verification Requirements](#).

Signature _____

Date _____

Under penalty of perjury, I certify that the information provided herein is true and accurate to the best of my knowledge. The undersigned further understands that providing false representation herein constitutes fraud. False, misleading or incomplete information may result in the termination of the application or lease agreement.



Applicant / Tenant Sworn Income and Asset Statement

NOTE: All household members 18 years of age or older are required to complete a separate income and asset statement. All applicable questions must be completed in their entirety.

Name: _____

S.S.# (Last four digits): _____

Date: _____

Document **YES** answers with third party verification.

INCOME			
Income Sources	I have or receive the following: (Check YES or NO)	Monthly Amount	Notes
Job 1	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____	_____
Job 2	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____	_____
Self Employment	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____	_____
<i>Includes digital income sources such as and others: App Based Driving Services (e.g. Uber, Lyft, Doordash); Sales with E-commerce (e.g. Shopify, Ebay, Etsy); Video-based platforms (e.g. Youtube Influencer)</i>			
Social Security	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____	_____
Supplemental Security Income (SSI)	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____	_____
Pension / Veteran's Administration	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____	_____
TANF/ AFDC	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____	_____
Unemployment Benefits	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____	_____
Workers' Compensation	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____	_____
Educational Financial Assistance	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____	_____
Other: _____	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____	_____
Do you receive regular or periodic payments from:		Amount	Frequency
Persons not Living in the Unit? YES <input type="checkbox"/> NO <input type="checkbox"/>		_____	_____
Holder/Provider: _____		_____	_____
Trust, Annuity or Other Claims? YES <input type="checkbox"/> NO <input type="checkbox"/>		_____	_____
Holder/Provider: _____		_____	_____
Peer-to-Peer Payment Systems? YES <input type="checkbox"/> NO <input type="checkbox"/> <i>(e.g. Paypal, Venmo, Blockchain, Square, etc.)</i>		_____	_____
Holder/Provider: _____		_____	_____
Do you currently receive Assistance with your housing payment? If yes; Agency Name? _____		YES <input type="checkbox"/> NO <input type="checkbox"/>	
Do you HAVE a court-order (or agreement) for child support or alimony? <i>(This means there is an order for you to receive child support or alimony, not pay support to someone else)</i>		YES <input type="checkbox"/> NO <input type="checkbox"/>	Ordered Amount: _____
Are you currently receiving child support or alimony?		YES <input type="checkbox"/> NO <input type="checkbox"/>	Amount Received: _____
Have reasonable efforts to collect the amounts due, including filing with courts or agencies responsible for enforcing payments, been made? List State _____ and County _____ where granted.		YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>	
Are you a student (either full or part-time) enrolled in an institution of higher learning?		YES <input type="checkbox"/> NO <input type="checkbox"/>	

ASSET SOURCES

YES <input type="checkbox"/> NO <input type="checkbox"/> Do you have a Checking Account?	6 Month			
	Avg. Balance	\$	Interest Rate	
YES <input type="checkbox"/> NO <input type="checkbox"/> Do you have a Savings/Holiday Account?	Balance	\$	Interest Rate	
YES <input type="checkbox"/> NO <input type="checkbox"/> Do you have a Certificates of Deposit (CD)?	Cash Value	\$	Interest Rate	
YES <input type="checkbox"/> NO <input type="checkbox"/> Do you have a Direct Express * Card? (or any card where benefits or pay are deposited)	Balance	\$		
YES <input type="checkbox"/> NO <input type="checkbox"/> Do you have Cash on Hand?	Amount	\$		
YES <input type="checkbox"/> NO <input type="checkbox"/> Do you have Cryptocurrency? (e.g. Bitcoin)	Cash Value	\$	Annual Earnings	\$
YES <input type="checkbox"/> NO <input type="checkbox"/> Do you have Internet Based Funding? (e.g. Go Fund Me)	Cash Value	\$	Annual Earnings	\$
YES <input type="checkbox"/> NO <input type="checkbox"/> Do you have Stocks, Bonds or Annuities?	Cash Value	\$	Annual Earnings	\$
YES <input type="checkbox"/> NO <input type="checkbox"/> Do you have Money Market or Mutual Funds?	Cash Value	\$	Annual Earnings	\$
YES <input type="checkbox"/> NO <input type="checkbox"/> Do you have IRA, 401K, or Keogh Accounts?	Cash Value	\$	Annual Earnings	\$
YES <input type="checkbox"/> NO <input type="checkbox"/> Do you have Treasury Bills?	Cash Value	\$	Annual Earnings	\$
YES <input type="checkbox"/> NO <input type="checkbox"/> Do you have a Safety Deposit Box? What is held in the Box?			Cash Value	\$
YES <input type="checkbox"/> NO <input type="checkbox"/> Do you have any Personal Property held as an Investment?*			Cash Value	\$
YES <input type="checkbox"/> NO <input type="checkbox"/> Do you own a Home, Rental Property or other Capital Investments? (Market Value less unpaid balance and selling costs = Cash Value)			Cash Value	\$

Current Status/Intention: ☐ Keeping ☐ Selling ☐ Renting ☐ Being Foreclosed ☐ Giving Away

Notes: _____

YES ☐ NO ☐ Have you received any Lump Sum Amounts? (e.g. inheritances, capital gains, lottery winnings, insurance settlements)
 When? _____ Amount: \$ _____

YES ☐ NO ☐ Do you have Whole Life Insurance or Universal Life Insurance policies? Cash Value \$ _____ Annual Earnings \$ _____

YES ☐ NO ☐ Have you sold, given away or otherwise transferred ownership of assets within the last two (2) years?
 If yes, list items: _____ Date: _____

YES ☐ NO ☐ Are there minor children in the household that have any assets (Savings Account, Certificates of Deposit, Savings Bond(s), etc.)?
 If yes, please provide:

Type: _____	Value: \$ _____	Where Held: _____	Annual Yield: _____
Type: _____	Value: \$ _____	Where Held: _____	Annual Yield: _____
Type: _____	Value: \$ _____	Where Held: _____	Annual Yield: _____
Type: _____	Value: \$ _____	Where Held: _____	Annual Yield: _____

YES ☐ NO ☐ Other: _____

Total of Net Family Assets \$ _____ (Total Value of Assets Listed Above)

**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 limited to, household furniture, daily-use autos, clothing, assets of an active business, or special equipment for use by the disabled.*

The information provided on this form will be used to determine maximum income eligibility.

Applicant/Tenant Signature	Date	Printed Name
Owner/Owner Agent Signature	Date	Printed Name

Under penalty of perjury, I certify that the information provided herein is true and accurate to the best of my knowledge. The undersigned further understands that providing false representation herein constitutes fraud. False, misleading or incomplete information may result in the termination of the application or lease agreement.



Employment Verification

To:	Name _____
	Address _____

	Phone _____
	Fax _____

From:	Name _____
	Address _____

	Phone _____
	Fax _____

Re:	Name _____	Address _____
	SSN _____	_____

Release: 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. There are circumstances that would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

Applicant/Resident

Date

You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank.

The individual named above has applied for residency or is currently residing in a community that was developed under the U.S. Department of Housing and Urban Development, U.S. Department of Agriculture (Rural Housing) or Section 42 of the IRS code which is administered by the State. Federal regulations require the housing owner to annually verify the family's income and other information related to eligibility. The information you provide will be used only for the purpose of determining the family's eligibility for the program and will be kept in strict confidence. We are required to complete our verification process in a short time period and would appreciate your prompt response. If this correspondence is being conducted via fax, please return this form to our fax number as it appears above. If you have any questions, please feel free to contact our office. Thank you for your cooperation.

The Following Section To Be Completed By Employer:

Employee Name: _____

Presently employed: ☐ Yes. Date employed: _____ ☐ No. Last day of employment: _____

Is employee eligible for unemployment compensation? ☐ Yes ☐ No If yes, how long? _____ How much? _____

Current Wages/Salary: \$ _____ per: hour week bi-weekly month year _____ other (circle one) Date present rate effect: _____

Average # of regular hours per week: _____ Total anticipated earnings for the next 12 calendar months: \$ _____

Overtime rate: \$ _____ per hour Average # of overtime hours per week: _____ Total anticipated overtime earnings for the next 12 calendar months: \$ _____

Commissions, bonuses, tips, other: \$ _____ per: hour week bi-weekly month year _____ other (circle one)

Prior year total earnings including overtime, commissions, bonuses, tips and other: \$ _____

List any anticipated change in the employee's rate of pay within the next 12 months: _____ Date effective: _____

Does the employee have access to any portion of his/her pension or retirement plan account? ☐ Yes ☐ No

If yes, indicate the amount that may be withdrawn without retiring or terminating employment: \$ _____

Deductions for medical benefits: \$ _____

Name / Title of Person Supplying Information

Firm / Organization

Signature

Date

Phone #

Fax #

Email Address

Penalties for Abuse of this Form: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willfully making false or fraudulent statements to any department of the United States Government. HUD, the FHA and any owner (or any employee of HUD, the FHA or the owner) may be subject to penalties for unauthorized disclosures of improper uses of information collected based on this 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 FHA 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 42 U.S.C. 304 (f) (1) and (2). Violation of these provisions are cited as violations of 42 U.S.C. 4051 g and h.



OHIO HOUSING FINANCE AGENCY

Social Security/Supplemental Security Income Verification

To: Name _____
Address _____

Phone _____
Fax _____

From: Name _____
Address _____

Phone _____
Fax _____

Re: Name _____ Address _____
SSN _____

Release: 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. There are circumstances that would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

Applicant/Resident _____

Date _____

You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank.

The individual named above has applied for residency or is currently residing in a community that was developed under the U.S. Department of Housing and Urban Development, U.S. Department of Agriculture (Rural Housing) or Section 42 of the IRS code which is administered by the State. Federal regulations require the housing owner to annually verify the family's income and other information related to eligibility. The information you provide will be used only for the purpose of determining the family's eligibility for the program and will be kept in strict confidence. We are required to complete our verification process in a short time period and would appreciate your prompt response. If this correspondence is being conducted via fax, please return this form to our fax number as it appears above. If you have any questions, please feel free to contact our office. Thank you for your cooperation.

Information Being Requested:

- Gross Monthly Social Security Benefit: \$ _____ Effective: _____
Date Benefits Began: _____
Deduction for Medicare Premiums: \$ _____ Net amount monthly Payment: \$ _____
Deduction for Medical Insurance Premiums: \$ _____
- Gross Monthly Supplemental Security Income: \$ _____ Effective: _____
- Overpayment Being Withheld: \$ _____ Effective from: _____ to _____
- Type of Benefits: ☐ Social Security ☐ Retirement ☐ Disability ☐ Widow(er) ☐ Child(ren) ☐ Supplemental Security Income ☐ Old Age ☐ Disability / Blind ☐ Other
- We are unable at this time to verify information requested: ☐ Claim Pending ☐ No record based on identifying information
☐ Other, please describe: _____

Name / Title of Person Supplying Information _____

Firm / Organization _____

Signature _____

Date _____

Phone # _____

Fax # _____

Email Address _____

Possibilities for Misuse of this Form: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willfully making false or fraudulent statements to any department of the United States Government, HUD, the FHA and any officer for any employee of HUD, the FHA or the owner) may be subject to penalties for unauthorized disclosure 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 such other relief as may be appropriate, against the officer or employee of HUD, the FHA 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 42 U.S.C. 208 (f) (g) and (h). Violation of these provisions are cited as violations of 42 U.S.C. 406 (g) and (h).



Bank Account Verification

To:	Name _____
	Address _____

	Phone _____
	Fax _____

From:	Name _____
	Address _____

	Phone _____
	Fax _____

Re:	Name _____	Address _____
	SSN _____	_____

Release: 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. There are circumstances that would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

Applicant/Resident _____

Date _____

You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank.

The individual named above has applied for residency or is currently residing in a community that was developed under the U.S. Department of Housing and Urban Development, U.S. Department of Agriculture (Rural Housing) or Section 42 of the IRS code which is administered by the State. Federal regulations require the housing owner to annually verify the family's income and other information related to eligibility. The information you provide will be used only for the purpose of determining the family's eligibility for the program and will be kept in strict confidence. We are required to complete our verification process in a short time period and would appreciate your prompt response. If this correspondence is being conducted via fax, please return this form to our fax number as it appears above. If you have any questions, please feel free to contact our office. Thank you for your cooperation.

Information Being Requested:

Checking Account(s)

Account Number(s)	Average 6 Month Balance	Date Account Opened	Annual Interest Rate
_____	_____	_____	_____
_____	_____	_____	_____

Savings Account / Certificate Of Deposits (CD) Individual Retirement Account (IRA)

Type of Account	Account Number(s)	Present Account Balance(s)	Annual Interest Rate	Withdrawal Penalty	Date Account Opened
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Name / Title of Person Supplying Information _____

Firm / Organization _____

Signature _____

Date _____

Phone # _____

Fax # _____

Email Address _____

Penalties for Misuse of this Form Title 18, Section 9001 of the U.S. Code states that a person is guilty of a felony for knowingly and willfully making false or fraudulent statements to any department of the United States Government, HUD, the FHA and any owner (or any employee of HUD, the FHA or the owner) may be subject to penalties for unauthorized disclosure 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 FHA 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 42 U.S.C. 708 (f) and (g) and 42 U.S.C. 900 (g) and (h).



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.

This form is not to be used at LIHTC projects that have HDAP funding, e.g. HOME, NHTF or OHTF.

Full Name of Tenant(s):
(age 18 and older)

Project Name:

Address/Unit Number:

I/We certify that the net assets (as defined in 24 CFR 813.102) of this household do not exceed \$5,000.

The annual income from the net household assets is \$ _____. This amount is included in the total gross income for this household.

Applicant/Tenant

Date

Applicant/Tenant

Date

Applicant/Tenant

Date

Applicant/Tenant

Date

Under penalties of perjury, I certify that the information provided herein is true and accurate to the best of my knowledge. The undersigned further understands that providing false representation herein constitutes fraud. False, misleading or incomplete information may result in the termination of the application or lease agreement.