

Multifamily Tax Exemption Application (MFTE) Resident Application

PART 1 - GENERAL UNIT INFORMATION

Property Name		Household Last Name		Certification Type (MI vs. AR)	
Unit Number		Unit Type (1B, 2B, etc.)		AMI %	
Household Size		Effective Date / MI Date			

PART 2 - HOUSEHOLD COMPOSITION

Anyone who will be residing in the home more than 50% of the time over the next 12 months must be included on this application. Please include minors in this section.

	First Name	Last Name	DOB YYYY-MM-DD	Phone Number	Email Address
1					
2					
3					
4					
5					
6					

PART 3 - HOUSEHOLD INCOME DECLARATION

Must be completed by each household member over the age of 18. Income includes but is not limited to Wages, Tips, Bonuses, Self-Employment, Unemployment, Gift Income, Social Security, Child Support, Military Pay, etc.

Resident Name:		<input type="checkbox"/>	I Certify that I have had no income for the past 12 months nor do I expect to have income for the next 12 months		
	Type	Frequency	Amount	Annual Gross Income	
	Income Source 1				
	Income Source 2				
	Income Source 3				
	Other: (fill in blank)				
					Total Resident 1

Resident Name:		<input type="checkbox"/>	I Certify that I have had no income for the past 12 months nor do I expect to have income for the next 12 months		
	Type	Frequency	Amount	Annual Gross Income	
	Income Source 1				
	Income Source 2				
	Income Source 3				
	Other: (fill in blank)				
					Total Resident 2

Resident Name:		<input type="checkbox"/>	I Certify that I have had no income for the past 12 months nor do I expect to have income for the next 12 months		
	Type	Frequency	Amount	Annual Gross Income	
	Income Source 1				
	Income Source 2				
	Income Source 3				
	Other: (fill in blank)				
					Total Resident 3

Resident Name:		<input type="checkbox"/>	I Certify that I have had no income for the past 12 months nor do I expect to have income for the next 12 months		
	Type	Frequency	Amount	Annual Gross Income	
	Income Source 1				
	Income Source 2				
	Income Source 3				
	Other: (fill in blank)				
					Total Resident 4

Resident Name:			<input type="checkbox"/>	I Certify that I have had no income for the past 12 months nor do I expect to have income for the next 12 months	
	Type	Frequency	Amount	Annual Gross Income	
Income Source 1					
Income Source 2					
Income Source 3					
Other: (fill in blank)					
					Total Resident 5

Resident Name:			<input type="checkbox"/>	I Certify that I have had no income for the past 12 months nor do I expect to have income for the next 12 months	
	Type	Frequency	Amount	Annual Gross Income	
Income Source 1					
Income Source 2					
Income Source 3					
Other: (fill in blank)					
					Total Resident 6

Total Household Annual Income

PART 4 - HOUSEHOLD ASSETS DECLARATION

Asset types include but are not limited to Checking Accounts, Savings Accounts, 401k, Stocks, Bonds, CDs, Venmo, CashApp, etc. Verification of assets will be required. Last 6 months of statements for checking accounts and most recent statement for all other assets. Further verification may be requested if necessary to accurately calculate potential income.

Resident Name	Asset Type (Ex: Checking, Savings, Venmo, etc.)	Annual Income from Asset	Current Balance

PART 5 - HOUSEHOLD MEMBER SIGNATURES

By signing below, I declare under penalty of perjury under the laws of the State of Washington that the information that I've provided is complete, true and correct to the best of my knowledge. I certify that I have disclosed all sources of my income. I grant permission to Edison47 to request information from other 3rd party entities, including but not limited to schools, employers, bank and financial institutions and other governmental agencies and their delegated agents to verify this information is true and complete. Submitting this information does not guarantee eligibility or enrollment in any programs.

First Name	Last Name	Signature	Date
1			
2			
3			
4			
5			

PART 6 - PROPERTY REPRESENTATIVE SIGNATURE

First Name	Last Name	Signature	Date	Title