

FOR OFFICE USE ONLY

Date & Time Received:	(Record with a date & time stamp OR write in and initial the date and time the application was received)

Property Name:
Kreider Commons

Unit Number:	Effective Date:
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TO BE COMPLETED BY APPLICANT

Head of Household Name:

State Issued ID # (Head of Household):	State:
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Home phone:	Cell phone:
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Email:

Preferred Number of Bedrooms:



We encourage and support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, color, creed, religion, sex, sexual orientation, gender identification, national origin, familial status, age, or handicap.



FOR APPLICANT USE ONLY

Please answer all applicable questions. Each household member age 18 years or older and under 18 if head, spouse, or co-head must sign and date the application.

NOTE: Any applicant who purposefully falsifies, misrepresents or withholds any information related to program eligibility, or submits inaccurate and/or incomplete information on this application or during the interview, may be rejected for housing.

HOUSEHOLD COMPOSITION

1. List the Head of Household and all other persons who will be living in the unit. Give the relationship of each household member to the head of household.

Member #	Household member First name, middle initial, and last name	Relationship	Date of Birth	Sex if decline, put "D"	Marital Status Single, Married, Separated, Widowed, Divorced	Student Status this and/or next calendar year	Disabled?	SSN
1		HEAD				<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Not a Student	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline	
2						<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Not a Student	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline	
3						<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Not a Student	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline	
4						<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Not a Student	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline	
5						<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Not a Student	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline	
6						<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Not a Student	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline	
7						<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Not a Student	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline	
8						<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Not a Student	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline	
9						<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Not a Student	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline	



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HOUSEHOLD QUESTIONS

The following questions pertain to yourself and everyone who will occupy the unit. Check either **Yes** or **No** in response to each question. An explanation must be provided below if the answer is **Yes**. Use additional sheets, if necessary.

<p>2. Will any member of the household require a live-in aide?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If Yes, list name(s) below:</p>
<p>3. Is any member of this household temporarily absent, but under normal conditions would live in the unit?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If Yes, list name(s) below:</p>
<p>4. Have you or any member of your household ever used different names from the names given on this application?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If Yes, explain:</p>
<p>5. Have you or any member of your household ever used social security numbers different from those listed on this application?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If Yes, explain:</p>
<p>6. Do you anticipate any change in your household (someone moving in or out) during the next 12 months?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If Yes, list name(s) below:</p>
<p>7. Will all minor household members live in this unit with a parent or guardian who has at least 50% custody?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If No, list name(s) below: <input type="checkbox"/> N/A</p>
<p>8. Does/Will this household receive rent assistance?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If Yes, please indicate the source (Housing Choice Voucher, Rural Development RA, etc.)</p>
<p>9. List all states and counties in which all household members have ever lived:</p>		



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INCOME INFORMATION

For each household member (including temporarily absent and/or foster family members), list current and anticipated income sources for the twelve-month period beginning on the anticipated move-in date. All information must be verified. Include all full-time, part-time, or seasonal income even if completing this application in the off-season.

Include income for all members of the household

10. Employment wages/salaries (include tips, bonuses, commissions, and seasonal employment)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. Regular pay for a member of the military	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. Self-Employment (Including digital income sources such as app-based driving services, e-commerce sales, and video-based platforms)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13. Unemployment benefits or severance pay	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14. Workers' compensation or other insurance settlements	<input type="checkbox"/> Yes	<input type="checkbox"/> No
15. Social Security Income (including Social Security, Social Security Disability Insurance (SSDI), and Retirement, Survivors, and Disability Insurance (RSDI))	<input type="checkbox"/> Yes	<input type="checkbox"/> No
16. Supplemental Security Income (SSI)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
17. Disability benefits	<input type="checkbox"/> Yes	<input type="checkbox"/> No
18. Public assistance (TANF, GA, W2, AFDC, cash assistance, etc. - excluding food stamps and medical assistance)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
19. Child support (answer yes if you have a court order or informal agreement, even if you are receiving less than the full amount awarded)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
20. Alimony/Spousal maintenance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
21. Regular cash and non-cash contributions (including assistance with paying rent, bills or gifts from individuals not living in the unit - excluding groceries)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
22. Student financial aid (public or private - excluding student loans)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
23. Veterans benefits	<input type="checkbox"/> Yes	<input type="checkbox"/> No
24. Regular payments from pensions (including PERA, railroad, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
25. Regular payments from retirement benefits	<input type="checkbox"/> Yes	<input type="checkbox"/> No
26. Periodic payments from Indian Trusts	<input type="checkbox"/> Yes	<input type="checkbox"/> No
27. Death benefits (receiving income as a beneficiary of annuities, pensions, life insurance, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
28. Regular payments from annuities or life insurance dividends	<input type="checkbox"/> Yes	<input type="checkbox"/> No
29. Other (list):	<input type="checkbox"/> Yes	<input type="checkbox"/> No

30. Does any adult member of the household have zero income?	<input type="checkbox"/> Yes	If Yes, please list name(s):	<input type="checkbox"/> No
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INCOME DETAILS

Please provide additional information for each source of income the household answered YES to on the previous page.

Item Number	Member Name	Gross Annual Income	Income Source Name and Mailing Address	Income Source Phone or Fax Number
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		



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ASSET INFORMATION

For each household member (including children), list all assets. All information must be verified.

Include assets for all members of the household

31. Checking accounts	<input type="checkbox"/> Yes	<input type="checkbox"/> No
32. Savings accounts	<input type="checkbox"/> Yes	<input type="checkbox"/> No
33. Cash Card (including government benefits cards)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
34. Stocks	<input type="checkbox"/> Yes	<input type="checkbox"/> No
35. Bonds	<input type="checkbox"/> Yes	<input type="checkbox"/> No
36. Money Market/Mutual Funds	<input type="checkbox"/> Yes	<input type="checkbox"/> No
37. Certificate of Deposit	<input type="checkbox"/> Yes	<input type="checkbox"/> No
38. Trust	<input type="checkbox"/> Yes	<input type="checkbox"/> No
39. Lump Sum Receipts (ie. from inheritances, insurance settlements, lottery winnings, or capital gains)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
40. 401(k) or 403(b) Account	<input type="checkbox"/> Yes	<input type="checkbox"/> No
41. IRA Account	<input type="checkbox"/> Yes	<input type="checkbox"/> No
42. Keogh Account	<input type="checkbox"/> Yes	<input type="checkbox"/> No
43. Capital Investments	<input type="checkbox"/> Yes	<input type="checkbox"/> No
44. Real Estate	<input type="checkbox"/> Yes	<input type="checkbox"/> No
45. Land Contracts	<input type="checkbox"/> Yes	<input type="checkbox"/> No
46. GoFundMe/Crowdsourcing Funds	<input type="checkbox"/> Yes	<input type="checkbox"/> No
47. Bitcoin/Cryptocurrency	<input type="checkbox"/> Yes	<input type="checkbox"/> No
48. Life Insurance Policies (excluding Term Life Insurance)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
49. Pension/Annuity/Other Retirement Accounts	<input type="checkbox"/> Yes	<input type="checkbox"/> No
50. Cash on Hand	<input type="checkbox"/> Yes	<input type="checkbox"/> No
51. Personal items held as an investment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
52. Other (list):	<input type="checkbox"/> Yes	<input type="checkbox"/> No

ASSETS DISPOSED OF FOR LESS THAN FAIR MARKET VALUE

53. I/We hereby certify that I/We have have not sold or given away any assets within the last two years where the amount received was \$1,000 or more below the total fair market value

If applicable: Identify assets sold or disposed of for less than fair market value

Household Member	Asset Type	Market Value	Date Sold/Disposed	Amount Received
		\$		\$
		\$		\$
		\$		\$
		\$		\$



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ASSET DETAILS

Please provide additional information for each asset source the household answered YES to on the previous page.

Item Number	Member Name	Financial Institution	Market Value	This asset... <small>*Indicate only if owned with someone outside of the household</small>	Interest Rate	Annual Income
			\$	<input type="checkbox"/> Is jointly owned* <input type="checkbox"/> Earns income (ie. interest, dividends, etc.)	%	\$
			\$	<input type="checkbox"/> Is jointly owned* <input type="checkbox"/> Earns income (ie. interest, dividends, etc.)	%	\$
			\$	<input type="checkbox"/> Is jointly owned* <input type="checkbox"/> Earns income (ie. interest, dividends, etc.)	%	\$
			\$	<input type="checkbox"/> Is jointly owned* <input type="checkbox"/> Earns income (ie. interest, dividends, etc.)	%	\$
			\$	<input type="checkbox"/> Is jointly owned* <input type="checkbox"/> Earns income (ie. interest, dividends, etc.)	%	\$
			\$	<input type="checkbox"/> Is jointly owned* <input type="checkbox"/> Earns income (ie. interest, dividends, etc.)	%	\$
			\$	<input type="checkbox"/> Is jointly owned* <input type="checkbox"/> Earns income (ie. interest, dividends, etc.)	%	\$
			\$	<input type="checkbox"/> Is jointly owned* <input type="checkbox"/> Earns income (ie. interest, dividends, etc.)	%	\$
			\$	<input type="checkbox"/> Is jointly owned* <input type="checkbox"/> Earns income (ie. interest, dividends, etc.)	%	\$
			\$	<input type="checkbox"/> Is jointly owned* <input type="checkbox"/> Earns income (ie. interest, dividends, etc.)	%	\$
			\$	<input type="checkbox"/> Is jointly owned* <input type="checkbox"/> Earns income (ie. interest, dividends, etc.)	%	\$
			\$	<input type="checkbox"/> Is jointly owned* <input type="checkbox"/> Earns income (ie. interest, dividends, etc.)	%	\$
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			\$	<input type="checkbox"/> Is jointly owned* <input type="checkbox"/> Earns income (ie. interest, dividends, etc.)	%	\$
			\$	<input type="checkbox"/> Is jointly owned* <input type="checkbox"/> Earns income (ie. interest, dividends, etc.)	%	\$
			\$	<input type="checkbox"/> Is jointly owned* <input type="checkbox"/> Earns income (ie. interest, dividends, etc.)	%	\$
			\$	<input type="checkbox"/> Is jointly owned* <input type="checkbox"/> Earns income (ie. interest, dividends, etc.)	%	\$



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SPECIAL UNIT REQUIREMENT(S) QUESTIONNAIRE

54.	Applicant name
55.	Applicant signature Date

The following section is optional and is used to help determine eligibility for special accessible housing features. All answers will be verified.

56. **Would you like to provide information to help determine your eligibility for special accessible housing features?**
 Yes No (If No, skip to the next page)

To qualify for an accessible unit, a household member must have a physical impairment that:

- is expected to be of long-continued and indefinite duration
- substantially impedes the person's ability to live independently
- is such that the person's ability to live independently could be improved by more suitable housing conditions

57. **Do you or a household member have a mobility impairment which meets the definitions stated above?** Yes No

58. **If yes, list name(s) of family members:**

59. **Do you or a household member have a condition which requires (check those that apply):**

- a separate bedroom
- a unit for a visually-impaired person
- a unit for a hearing-impaired person
- a barrier-free apartment
- a one-level unit
- a bathroom on the first floor
- other physical modifications, please explain: _____

60. **Please explain exactly what you need to accommodate your situation:**

61. **Who should we contact to verify your need for the above housing features?**

Name _____

Address _____

City	State	Zip	Phone
------	-------	-----	-------



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SIGNATURES

I/We understand the information in this application will be used to determine eligibility for housing assistance programs and that this information will be verified. I/We understand that any false information may make me/us ineligible for a unit. I/We hereby affirm that the foregoing information is true and complete to the best of my/our knowledge, and authorized the owner to make inquiries to verify the statement herein. I/We understand that if any of this information is false, misleading or incomplete, management may decline our application or, if move-in has occurred, terminate my/our lease agreement. I/We understand that any action(s) by myself/ourselves or my/our household members, whether verbal or nonverbal, that harass, intimidate, threaten or are perceived by management to harass, intimidate or threaten the health or safety of the management staff or interfere with the management of the property is grounds for management to decline my/our application for housing. I/We understand that if I/we or any member of my/our household suggest or offer bribes of money, material goods, etc., to the management staff responsible for determining either my/our placement on the waiting list or processing of my/our housing application is grounds for management to decline my/our application for housing. I/We authorize management to make any and all inquiries to verify this information, directly or through information exchanged now or later with rental and credit screening services, and to contact previous and current landlords or other sources for credit and verification information which may be released to appropriate federal, state or local agencies. If my/our application is approved, and move-in occurs, I/we certify that only the occupants listed on this application will occupy the unit, and that this will be my/our only residence. I/We agree to notify management in writing regarding any changes in household address, telephone numbers, income and household composition. My/Our signature(s), as indicated below, acknowledge that I/we have read and completed each section of this rental application, as applicable.

All household members age 18 or older (and under age 18 if Head, Spouse, or Co-Head) must sign and date below:

Under penalty of perjury, I/we certify that the information presented in this application is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of a lease agreement.

1. Applicant Signature	Date
2. Applicant Signature	Date
3. Applicant Signature	Date
4. Applicant Signature	Date
5. Applicant Signature	Date
6. Applicant Signature	Date
7. Applicant Signature	Date
8. Applicant Signature	Date
9. Applicant Signature	Date



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Housing History Disclosure

Property name **Kreider Commons**
 Unit number

Head of household
 Member name

Please provide the last 24 months of housing history. Each adult household member must complete this form at move-in.

This member has no address history from the required timeframe.
 (If this box is checked, please provide an explanation below.)

Explanation: _____

1. Street Address:

City: _____ State: _____ Zip Code: _____

Reason for leaving:

Start Date (Month/Year): _____ End Date (Month/Year): _____

(Check One) Rent Own Other _____ Rent per month: _____

Landlord Name: _____ Landlord Phone: _____

Is this a government subsidized development? Yes No This is my current address

2. Street Address:

City: _____ State: _____ Zip Code: _____

Reason for leaving:

Start Date (Month/Year): _____ End Date (Month/Year): _____

(Check One) Rent Own Other _____ Rent per month: _____

Landlord Name: _____ Landlord Phone: _____

Is this a government subsidized development? Yes No This is my current address

3. Street Address:

City: _____ State: _____ Zip Code: _____

Reason for leaving:

Start Date (Month/Year): _____ End Date (Month/Year): _____

(Check One) Rent Own Other _____ Rent per month: _____

Landlord Name: _____ Landlord Phone: _____

Is this a government subsidized development? Yes No This is my current address

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Signature _____ Printed name _____ Date _____



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Emergency Contact Form

Property name Kreider Commons
Unit number

Head of household
Member name

APPLICANT/RESIDENT CONTACT INFORMATION:

App icant/Resident Name: _____
Mailing Address: _____
Telephone No: _____ Cell Phone No: _____

EMERGENCY CONTACT INFORMATION (Optional):

Instructions: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Name of Emergency Contact Person or Organization: _____
Address: _____
Telephone No: _____ Cell Phone No: _____
Email Address (if applicable): _____
Relationship to Applicant: _____

Reason for Contact (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Emergency | <input type="checkbox"/> Assist with recertification process |
| <input type="checkbox"/> Unable to contact you | <input type="checkbox"/> Change in lease terms |
| <input type="checkbox"/> Termination of rental assistance (if applicable) | <input type="checkbox"/> Change in house rules |
| <input type="checkbox"/> Eviction from unit | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Late payment of rent | |

If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.

Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.

Signature of Applicant

Date



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Student Certification - Tax Credit

Property name Kreider Commons
Unit number

Household Name
Effective Date

Each household must complete one certification to confirm the student status of all household members. Determination of student status is required to determine housing eligibility. Note that students include those attending elementary, junior and senior high, college, university, technical, trade, and mechanical schools, but does not include those attending on-the-job training courses.

Part 1 (Check only one statement)

Household contains at least one occupant who is not a student and has not been/will not be a student for five months or more out of the current and/or upcoming calendar year (months need not be consecutive). (If this box is checked, please have all adults sign and date the form.)

Household contains all students, but is qualified because the following occupant is a PART-TIME student who is not/will not be a full-time student for five months or more of the current and/or upcoming calendar year. (If this box is checked, please write the names of all members who are part-time students in the space below and have all adult members sign and date the form.)

Name(s) of part-time student(s):

Household consists of all members who have been/will be FULL-TIME students for five months or more out of the current and/or upcoming calendar year (months need not be consecutive). (If this box is checked, continue on to Part B)

Part 3

- a. Does the household include students who are married and entitled to file a joint tax return? Yes No
- b. Does the household include at least one single parent and their child(ren)? If yes, Yes No
 - i. Is this parent a dependent of another individual? Yes No
 - ii. Are these child(ren) dependents of an individual other than a parent? Yes No
- c. Does the household include at least one student receiving assistance under Title IV of the Social Security Act? This includes Temporary Assistance to Needy Families (TANF), otherwise known as Aid to Families with Dependent Children (AFDC). Yes No
- d. Does the household include at least one student participating in a program receiving assistance under the Job Training Partnership Act, Workforce Investment Act, or under other similar federal, state, or local laws (i.e. Job Corp, AmeriCorp, etc.)? Yes No
- e. Does the household include at least one student who was under the care and placement responsibility of a state agency administering foster care under Part B or Part E of Title IV of the Social Security Act (i.e. adults who were in the foster care system during childhood)? Yes No

Full-time student households that are income eligible and satisfy one of the above conditions are considered eligible. If every question a-e is marked NO, or verification does not support the exception indicated, the household is considered ineligible.

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Signature	Date	Signature	Date
Signature	Date	Signature	Date
Signature	Date	Signature	Date
Signature	Date	Signature	Date
Signature	Date	Signature	Date

NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department of Agency of the United States as to any matter within its jurisdiction.



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Race and Ethnic Data Reporting Form

U.S. Department of Housing and Urban Development
Office of Housing

OMB Approval No. 2502-0204
(Exp. 06/30/2017)

Kreider Commons 631 North 8th Street
Name of Property Project No. Address of Property

Name of Owner/Managing Agent Type of Assistance or Program Title:

Name of Head of Household Name of Household Member

Date (mm/dd/yyyy): _____

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	Select All that Apply
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

***Definitions of these categories may be found on the reverse side.**

There is no penalty for persons who do not complete the form.

Signature

Date

Public reporting burden for this collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provide and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does no require any special protection.