	FOR O	FFICE USE ONLY
	(Record with a date & time	e stamp OR write in and initial the date and time the application was received;
Date & Time Received:		
Property Name:  Kreider Co	mmons	
Uni <b>1</b> Number:		Effective Date:
	TO BE COM	PLETED BY APPLICANT
Head of Household Name:		
State Issued ID # (Head of Ho	ousehold):	State:
Home phone:		Cell phone:
Emzil:		





**Preferred Number of Bedrooms:** 



## FOR APPLICANT USE ONLY

Please answer all applicable questions. Each household member age 18 years or older and under 18 if head, spouse, or cohead 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.

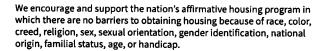
#### HOUSEHOLD COMPOSITION

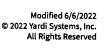
List the Head of Household and all other persons who will be living in the unit. Give the relationship of each household member to the head of household.

Member #	Household member  First name, middle initial, and last name	Relationship	Date of Birth	Sex If decline, put "D"	Marital Status Single, Married, Seperated, Widowed, Divorced	Student Status this and/or next calendar year	Disabled?	SSN
1		HEAD		:		Full-Time Part-Time Not a Student	Yes No Decline	
2						Full-Time Part-Time Not a Student	Yes No Decline	
3						Full-Time Part-Time Not a Student	Yes No Decline	
+						Full-Time Part-Time Not a Student	Yes No Decline	
ä						Full-Time Part-Time Not a Student	Yes No Decline	
6						Full-Time Part-Time Not a Student	Yes No Decline	
<b>~</b>						Full-Time Part-Time Not a Student	Yes No Decline	
8						Full-Time Part-Time Not a Student	Yes No Decline	
9						Full-Time Part-Time Not a Student	Yes No Decline	











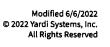
## HOUSEHOLD QUESTIONS

Th⊇ following questio	ns pertain to your	self and everyone who will o	ccupy the unit. Check eit	her <b>Yes</b> or <b>No</b> in	response to	o each
qu∋stion. An explanat	ion must be provid	led below if the answer is <b>Ye</b>	s. Use additional sheets,	if necessary.		

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









# **Move-In Application**

#### 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.

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





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.

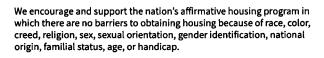


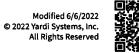
#### **INCOME DETAILS**

Plea	se provide additional information for each s	ource of income the	household answered YES to on the pro	evious page.
itam Number	Member Name	Gross Annual Income	Income Source Name and Mailing Address	Income Source Phone or Fax Number
<u>,</u>		\$		
		\$		
		\$		
	<u>                                     </u>	\$		
		\$		
		\$		
<del></del>		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		











## ASSET INFORMATION

	Checking accounts	Yes	□No
2.	Savings accounts	Yes	☐ No
3.	Cash Card (including government benefits cards)	Yes	□No
4.	Stocks	Yes	□No
55.	Bonds	Yes	□No
6.	Money Market/Mutual Funds	Yes	□No
37.	Certificate of Deposit	Yes	□ No
38.	_rust	Yes	П
39.	Lump Sum Receipts (ie. from inheritances, insurance settlements, lottery winnings, or capital gains)	Yes	□No
Ю.	401(k) or 403(b) Account	Yes	□ No
11.	RA Account	☐ Yes	□ No
12.	Keogh Account	Yes	
13.	Capital Investments	Yes	□No
14.	Real Estate	Yes	
<b>1</b> 5.	Land Contracts	Yes	□No
16.	SoFundMe/Crowdsourcing Funds	Yes	
47.	3itcoin/Cryptocurrency	Yes	□ No
48.	_ife Insurance Policies (excluding Term Life Insurance)	☐ Yes	
49.	Pension/Annuity/Other Retirement Accounts	☐ Yes	
50.	Cash on Hand	Yes	
51.	Personal items held as an investment	Yes	
52.	Other (list):	Yes	

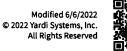
If applicable: Identify assets sold or disposed of for less than fair market value

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





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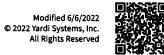
### ASSET DETAILS

ſ	Please provide addition	nal information for each as	set source the h	ousehold answered YES to on ti	ne previous pag	e.
Item Number	Member Name	Financial Institution	Market Value	This asset findicate only if owned with someone outside of the household	Interest Rate	Annual Income
			\$	Is jointly owned* Earns income (ie. interest, dividends, etc.)	%	\$
			\$	Is jointly owned* Earns income (ie. interest, dividends, etc.)	%	\$
			\$	Is jointly owned* Earns income (ie. interest, dividends, etc.)	%	\$
			\$	Is jointly owned* Earns income (ie. interest, dividends, etc.)	%	\$
			\$	Is jointly owned* Earns income (ie. interest, dividends, etc.)	%	\$
			\$	Is jointly owned* Earns income (ie. interest, dividends, etc.)	%	\$
			\$	Is jointly owned* Earns income (ie. interest, dividends, etc.)	%	\$
			\$	Is jointly owned* Earns income (ie. interest, dividends, etc.)	%	\$
			\$	Is jointly owned* Earns income (ie. interest, dividends, etc.)	%	\$
			\$	Is jointly owned* Earns income (ie. interest, dividends, etc.)	%	\$
			\$	Is jointly owned* Earns income (ie. interest, dividends, etc.)	%	\$
			\$	Is jointly owned* Earns income (ie. interest, dividends, etc.)	%	\$
			\$	Is jointly owned* Earns income (ie. interest, dividends, etc.)	%	\$
			\$	Is jointly owned* Earns income (ie. interest, dividends, etc.)	%	\$
			\$	Is jointly owned* Earns income (ie. interest, dividends, etc.)	%	\$
			\$	Is jointly owned* Earns income (ie. interest, dividends, etc.)	%	\$
			\$	Is jointly owned* Earns income (ie. interest, dividends, etc.)	%	\$





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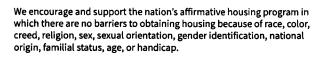
Move-In Application 8 of
SPECIAL UNIT REQUIREMENT(S) QUESTIONNAIRE
54. Applicant name
55. Applicant signature Date
Th∋ following section is optional and is used to help determine eligibility for special accessible housing features. All answers wi∎ be verified.
56. Would you like to provide information 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. <b>Do you or a household member have a mobility impairment which meets the definitions stated above?</b> 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



Addr≘ss

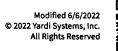
City





State

Zip



Phone



#### 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 starement herein. I/We understand that if any of this information is false, misleading or incomplete, management may decline our application or, f 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 or 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 bcal 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 anc 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:

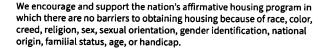
Under penalty of perjury, I/we certify that the information presented in this application is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud.

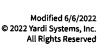
False, misleading, or incomplete information may result in the termination of a lease agreement.

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











# **Housing History Disclosure**

Property name Kreider Commons Unit number

Head of household Member name

move-in.		
This member has no address history from the required (If this box is checked, please provide an explanation b		
Explanation:		
1. Street Address:		
City: State:		Zip Code:
Reason for leaving:		
Star: Date (Month/Year):	End Date (Month,	/Year):
(Check One) Rent Dwn Other		_ Rent per month:
Landlord Name:	Landlord Phone:	
ls this a government subsidized development?   Yes	□ No	This is my current address
2. Street Address:		
City State:		Zip Code:
Reason for leaving:		
Star: Date (Month/Year):	End Date (Month	/Year):
(Check One) Rent Own Other	_ \	Rent per month:
Landlord Name:	Landlord Phone:	<del></del>
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 Dwn Dther		Rent per month:
Landlord Name:	Landlord Phone:	
Is this a government subsidized development?	☐ No	This is my current address
Under penalty of perjury, I/we certify that the information presour knowledge. The undersigned further understand(s) that present false, misleading or incomplete information may result in the t	oviding false represer	ntations herein constitutes an act of fraud.





# **Emergency Contact Form**

**Property name** Kreider Commons **Unit aumber** 

Head of household Member name

APPLICANT/RESIDENT CONTACT INFORMATION:				
App icant/Resident Name:				
Mailing Address:				
elephone No: Cell Phone No:				
EMERGENCY CONTACT INFORMATION (Optional):				
contact information is for the purpose of identifying a person	friend, or social, health, advocacy, or other organization. This or organization that may be able to help in resolving any issues my special care or services you may require. You may update, rm at any time. You are not required to provide this contact			
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)				
☐ Emergency	☐ Assist with recertification process			
☐ Unable to contact you	☐ Change in lease terms			
☐ Termination of rental assistance (if applicable)	☐ Change in house rules			
Eviction from unit	☐ Other:			
☐ Late payment of rent				
If you are approved for housing, this information will be kept as you require any services or special care, we may contact the per proxiding any services or special care to you.	part of your tenant file. If issues arise during your tenancy or if son or organization you listed to assist in resolving the issues or in			
Confidentiality Statement: The information provided on this permitted by the applicant or applicable law.	form is confidential and will not be disclosed to anyone except as			
L				

Signature of Applicant

ら皇



## Student Certification - Tax Credit

Prop∈rty name

**Kreider Commons** 

#### **Household Name**

Unit rumber

**Effective Date** 

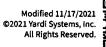
Each household must complete one certification to confirm the student status of all household members. Determination of student status is required to determine housing eligibility. Note that students include those attending elementary, junior and senior high, college, university, technical, trade, and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

Part #	(Check only one statement)				VATERIO (1984) 24 September 2014	
П	Household contains at least or out of the current and/or upco adults sign and date the form.)					
	Household contains all students time student for five months or members who are part-time stud	more of the current and/	or upcoming calendar year.	(If this box is checked, please		
	Name(s) of part-time student(	s):				
	Household consists of all mem or upcoming calendar year (m				t of the cu	rrent and/
Part 3						
	a. Does the household include s	tudents who are married	and entitled to file a joint ta	return?	☐ Yes	☐ No
	b. Does the household include a	at least one single parent a	and their child(ren)? If yes,		Yes Yes	☐ No
	i. Is this parent a depender	nt of another individual?			☐ Yes	□ No
	ii. Are these child(ren) dep	endents of an individual o	ther than a parent?		Yes Yes	☐ No
	c. Does the household include a Act? This includes Temporary A Dependent Children (AFDC).				☐ Yes	☐ No
	d. Does the household include a Training Partnership Act, Workf Corp, AmeriCorp, etc.)?				☐ Yes	☐ No
	e. Does the household include a state agency administering fost were in the foster care system o	er care under Part B or Pa			☐ Yes	□ No
	ne student households that are inc I NO, or verification does not supp				ry question	a-e is
furt	r penalty of perjury, I/we certify that the runderstand(s) that providing false runation of a lease agreement.	ne information presented in t epresentations herein constit	his certification is true and accu utes an act of fraud. False, misl	rate to the best of my/our knowl eading or incomplete informatio	ledge. The u	ndersigned in the
Sigr.	ature	Date	Signature		Date	
Sigr	ature	Date	Signature		Date	
Sigr	ature	Date	Signature		Date	
Sigr	ature	Date	Signature		Date	
Sigr	ature	Date	Signature		Date	

NOT  $\Xi$ : 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.









# 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)

Name of Property Project No.  Name of Owner/Managing Agent  Name of Head of Household	Address of Property  Type of Assistance or Program Titl  Name of Household Member				
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	A STATE OF THE PROPERTY OF THE				
Asian					
Black or African American					
Native Hawaiian or Other Pacific Islander					
White					
Other					
Definitions of these categories may be found on the rever	rse side.				
here 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 incompliance 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 cohead 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.