



Professional Property Managers
4110 Eaton Avenue, Suite C, Caldwell, ID 83607

APPLICATION & RESIDENT SELECTION INFORMATION

Note to applicant: This page is for you to retain in reference to our resident selection criteria.

Completed applications should be returned to:

*Palisade Park Apartments
470 E 100 South
Ephraim, UT 84627
Phone: 435-283-3364 Fax: 435-283-3365*

An Application must be filled out for *each* adult (18 and older).

The application **must be signed** and the following **must be included** for the application to be accepted:

- **\$20 Application Fee – Money Order ONLY** (Application fee is per adult or married couple)
- Copies of picture identification on all occupants over the age of 18.
- Copies of Social Security card or Birth Certificate on all occupants.

Once received, the application will be dated and reviewed for completeness. A pre-eligibility determination will be made based upon the information contained in the application.

Eligibility will be determined based upon the following factors:

- The applicant(s) meet the income criteria.
- References (i.e. employer, current & former landlords) will be contacted to verify employment, length of time on the job and verify rental payment history.
- A Credit & Criminal background check will be obtained and reviewed.

Applicant(s) will be notified in writing within ten (10) days of receipt of the application as to the acceptance or denial of this application. If no unit is available at the time of acceptance, applicant's name will be placed on the waiting list.

Somerset Pacific is committed to the non-discrimination provision in the Fair Housing Act and Section 504 of the Americans with Disabilities Act. If you require assistance in the form of readers, interpreters, large print or any other way to enable you to fully participate in our housing program, please let us know and we will assist you to the fullest extent feasible.

USDA is an equal opportunity provider, employer and lender.
To file a complaint of discrimination write USDA, Director, Office of Civil Rights,
1400 Independence Ave., S.W., Washington D.C. 20250-9410



Or call (800)795-3272(voice) or (202)720-6382 (TDD)



Household Name: _____



APPLICATION FOR HOUSING at *Palisade Park Apartments*

OFFICE USE ONLY

Please Return Application to: <i>Palisade Park Apartments</i> <i>470 E 100 South</i> <i>Ephraim, UT 84627</i>	Date Rec'd		Annual Income		# Occupants	
	Time Rec'd		Set Aside %		App. Fee Paid	
	Manager Signature:				Background CK ran	

NOTE TO APPLICANT: In order for us to determine your eligibility or continued eligibility, you must provide *all* information included in this questionnaire. This information is considered confidential and will only be used as necessary in determining your eligibility for the Section 42 LIHTC program / RD program.

Providing false information may result in loss of your housing.

Applicant Name:		Home Telephone Number: ()	
Mailing Address:	Apartment Number:	City, State, Zip Code:	
Email Address:	Apartment size requested:		

HOUSEHOLD COMPOSITION

List yourself and anyone who will live with you within the next 12 months. Be sure to include members temporarily away from home, including but not limited to: dependents away at school, military persons stationed away from home that have a spouse or dependent in the home.

Please list household members starting with Head of household on line 1, then in order of oldest to youngest.

Last Name, First Name	Relationship to Head of Household	Birth Date	Age	Social Security Number	Student Y/N	VOLUNTARY HUD TENANT DATA COLLECTION*			
						Race	M/F	Ethnicity	Disabled
1.	Head								
2.									
3.									
4.									
5.									
6.									
7.									
8.									

VOLUNTARY HUD TENANT DATA COLLECTION

Race	Gender	Ethnicity	Disability
1 = American Indian or Alaska Native	M = Male	Hispanic or Latino = 1	Y = Yes
2 = Asian	F = Female	Not Hispanic or Latino = 2	N = No
3 = Black or African American	*General Instructions: This section is to be completed by applicants and residents in housing assisted by the Department of Housing and Urban Development. Owner and agents are required to offer the applicant/resident the option to complete this section. There is no penalty for persons who do not wish to complete this form. However, the owner or agent will place a note in the tenant file stating the applicant//resident refused to complete the form. Parents or guardians are to complete the form for children under the age of 18. The Office of Housing has been given permission to use this section for gathering race and ethnic data in assisted housing programs.		
4 = Native Hawaiian or Other Pacific Islander			
5 = White			
6 = Other			
7 = N/A or do not wish to answer			

Household Name: _____

INCOME INFORMATION

The questions regarding household income apply to all members of your household, including minors and those temporarily absent from the home. Please read each question carefully, answer each question completely and be prepared to verify items checked yes.

	Does anyone in the household receive the following:	Yes	No	If yes, who receives the income?	What is the <u>gross</u> monthly amount?	Employer Agency Contact Person	Phone / Fax
1.	Wages through employment	<input type="checkbox"/>	<input type="checkbox"/>				
	Wages through employment	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/> Check here for additional employment						
2.	Unemployment Benefits	<input type="checkbox"/>	<input type="checkbox"/>				
3.	Self Employment Income	<input type="checkbox"/>	<input type="checkbox"/>				
4.	Military Pay	<input type="checkbox"/>	<input type="checkbox"/>				
5.	Workman's Compensation	<input type="checkbox"/>	<input type="checkbox"/>				
6.	Severance Pay	<input type="checkbox"/>	<input type="checkbox"/>				
7.	Retirement Income	<input type="checkbox"/>	<input type="checkbox"/>				
8.	Pension Income	<input type="checkbox"/>	<input type="checkbox"/>				
9.	Social Security	<input type="checkbox"/>	<input type="checkbox"/>				
10.	Supplemental Security Income (SSI)	<input type="checkbox"/>	<input type="checkbox"/>				
11.	Veteran Affairs Benefits (VA)	<input type="checkbox"/>	<input type="checkbox"/>				
12.	Public Assistance (AFDC/TANF)	<input type="checkbox"/>	<input type="checkbox"/>				
13.	Child Support	<input type="checkbox"/>	<input type="checkbox"/>				
14.	Alimony	<input type="checkbox"/>	<input type="checkbox"/>				
15.	Family Support/Recurring Gift	<input type="checkbox"/>	<input type="checkbox"/>				
16.	Annuities	<input type="checkbox"/>	<input type="checkbox"/>				
17.	Insurance Policy Income	<input type="checkbox"/>	<input type="checkbox"/>				
18.	Disability or Death benefits (<i>other than SSI</i>)	<input type="checkbox"/>	<input type="checkbox"/>				
19.	Per Capita	<input type="checkbox"/>	<input type="checkbox"/>				
20.	Permanent Fund Dividend (PFD)	<input type="checkbox"/>	<input type="checkbox"/>				
21.	Income from Rental Property	<input type="checkbox"/>	<input type="checkbox"/>				
22.	Other Sources of Income	<input type="checkbox"/>	<input type="checkbox"/>				
23.	a. Does anyone expect any changes in income within the next 12 months?	<input type="checkbox"/>	<input type="checkbox"/>	b. If yes, what changes are expected?			
24.	a. Does any adult member have zero income?	<input type="checkbox"/>	<input type="checkbox"/>	b. If yes, which member(s)?			
25.	<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> a. <i>Previous</i> Employment: Please list any jobs held in the past 12 months. b. If none, check here <input type="checkbox"/>. </div> <div style="width: 65%;"> c. Please list the adult(s): d. Place of Employment: e. Gross monthly income: f. Dates Employed: </div> </div>						

Household Name: _____

ASSET INFORMATION

Please read each question carefully, answer each question completely and be prepared to verify items checked yes. The questions regarding household accounts / assets apply to all members of your household, including minors and those temporarily absent from the home.

	Does anyone in the household have any of the following:	Yes	No	If yes, who owns the asset?	If yes, what is the current cash value?	Account Number	Bank Name and contact information
26.	Checking (6 month balance)	<input type="checkbox"/>	<input type="checkbox"/>				
27.	Savings	<input type="checkbox"/>	<input type="checkbox"/>				
28.	Re-loadable income card	<input type="checkbox"/>	<input type="checkbox"/>				
29.	Cash on hand	<input type="checkbox"/>	<input type="checkbox"/>				
30.	Certificates of Deposit (CD)	<input type="checkbox"/>	<input type="checkbox"/>				
31.	Money Market Funds	<input type="checkbox"/>	<input type="checkbox"/>				
32.	Stocks/Bonds	<input type="checkbox"/>	<input type="checkbox"/>				
33.	Treasury Bills	<input type="checkbox"/>	<input type="checkbox"/>				
34.	IRA/Keogh Accounts	<input type="checkbox"/>	<input type="checkbox"/>				
35.	Company Retirement Accounts	<input type="checkbox"/>	<input type="checkbox"/>				
36.	Pension Funds	<input type="checkbox"/>	<input type="checkbox"/>				
37.	Trust Accounts	<input type="checkbox"/>	<input type="checkbox"/>				
38.	Cash held in a safety deposit box, etc.	<input type="checkbox"/>	<input type="checkbox"/>				
39.	House/Real Property	<input type="checkbox"/>	<input type="checkbox"/>				
40.	Rental Property	<input type="checkbox"/>	<input type="checkbox"/>				
41.	Life Insurance	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Term <input type="checkbox"/> Whole If whole life, value: _____		
42.	Other investments	<input type="checkbox"/>	<input type="checkbox"/>				
43.	Has anyone in the household disposed of any assets in the last two years	<input type="checkbox"/>	<input type="checkbox"/>	Explain:			
44.	Inheritance	<input type="checkbox"/>	<input type="checkbox"/>				
45.	Lottery Winnings	<input type="checkbox"/>	<input type="checkbox"/>				
46.	Insurance Settlements	<input type="checkbox"/>	<input type="checkbox"/>				
47.	Workman's Compensation Settlement	<input type="checkbox"/>	<input type="checkbox"/>				
48.	Social Security Settlement	<input type="checkbox"/>	<input type="checkbox"/>				
49.	Unemployment Compensation Settlement	<input type="checkbox"/>	<input type="checkbox"/>				
50.	VA Disability Settlement	<input type="checkbox"/>	<input type="checkbox"/>				
51.	Severance Pay	<input type="checkbox"/>	<input type="checkbox"/>				
52.	Capital Gains	<input type="checkbox"/>	<input type="checkbox"/>				
53.	Other	<input type="checkbox"/>	<input type="checkbox"/>				

Household Name: _____

ADDITIONAL INFORMATION

		Yes	No
54.	Do you anticipate any changes in the size of your household <i>within the next 12 months</i> ?	<input type="checkbox"/>	<input type="checkbox"/>
55.	Will anyone <u>under</u> age 18 listed on this application live in the unit <i>less than 50%</i> of the time in the next 12 months? If so, who?	<input type="checkbox"/>	<input type="checkbox"/>
56.	Does any member in your household have a disability <u>and</u> require a live-in care attendant?	<input type="checkbox"/>	<input type="checkbox"/>
57.	Is any adult member of your household separated, but not divorced?	<input type="checkbox"/>	<input type="checkbox"/>
58.	Will your household be receiving Section 8 rental assistance at the time of move in?	<input type="checkbox"/>	<input type="checkbox"/>
59.	Will your household be eligible/are you applying to receive section 8 assistance in the next 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
60.	a. Have you or any member of the household ever been arrested? If yes, who?	<input type="checkbox"/>	<input type="checkbox"/>
	b. Did the arrest result in a conviction? If yes, was the conviction a <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony	<input type="checkbox"/>	<input type="checkbox"/>
61.	Have you or any member of the household ever been evicted from any housing?	<input type="checkbox"/>	<input type="checkbox"/>
62.	Have you ever filed for bankruptcy?	<input type="checkbox"/>	<input type="checkbox"/>
63.	Is there any reason you would not be able to take an apartment when one is available?	<input type="checkbox"/>	<input type="checkbox"/>
64.	After moving in, will you have any <i>other</i> primary places of residence?	<input type="checkbox"/>	<input type="checkbox"/>
65.	Do you own your own home?	<input type="checkbox"/>	<input type="checkbox"/>
66.	Are you in the process of selling a home?	<input type="checkbox"/>	<input type="checkbox"/>

HOUSING INFORMATION

Current Landlord		Prior Landlord	
Name:		Name:	
Address:		Address:	
Phone:		Phone:	
How long?		How long?	
In Case of Emergency, Notify		How did you hear about us?	
		<input type="checkbox"/> online advertising	
		<input type="checkbox"/> referral	
		<input type="checkbox"/> drive-by/signage	
		<input type="checkbox"/> newspaper	
Name:		<input type="checkbox"/> flyer	
Address:		<input type="checkbox"/> other: _____	
Phone:			
Relationship:			

I/We certify that if selected to move into this project, the unit occupied will be my/our only residence. I/We understand that the above information is being collected to determine eligibility for income restricted income units. Federal regulations require that in order for a household to be eligible for this type of housing, the income of the household, as well as their assets must not exceed certain established limits. I/We authorize the Agent to verify all information provided on this application and to contact previous or current landlords or other sources for credit and verification information which may be released to appropriate federal, state or local agencies. **I/we certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/we understand that false statements or information are punishable under federal law.** I/We understand I/We must pay a security deposit for this apartment prior to occupancy.

ALL ADULTS LISTED ON THIS APPLICATION MUST SIGN AND DATE BELOW:_____
(Signature of Applicant/Resident)_____
(Printed Name of Applicant/Resident)_____
(Date)_____
(Signature of Co-Applicant/Resident)_____
(Printed Name of Co-Applicant/Resident)_____
(Date)

Household Name: _____

ANNUAL STUDENT CERTIFICATION

Resident Name: _____

Effective Date: _____

Move-in Date: _____

(MM/DD/YYYY)

This Annual Student Certification is being delivered in connection with the undersigned's application/occupancy in the following apartment:

Head of Household Name: _____

Unit Number: _____

BIN Number: _____

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

A. _____ Household contains at least one occupant who is not a student 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 item is checked, no further information is needed. Sign and date below.

B. _____ Household contains all students, but is qualified because the following occupant(s) _____ is/are a PART TIME student(s). **Verification of part time student status is required for at least one occupant.**

C. _____ Household contains all FULL TIME students for five months or more out of the current and/or upcoming calendar year (months need not be consecutive). If this item is checked, questions 1-4, below must be completed:

- | | | |
|--|-----|----|
| 1. Are the students married and entitled to file a joint tax return? (attach marriage certificate or most recent tax return) | YES | NO |
| 2. Is at least one student a single-parent with child(ren) <i>and</i> this parent is not a dependent of someone else, <i>and</i> the child(ren) is/are not dependent(s) of someone other than a parent? (attach student's most recent tax return and if applicable, divorce/custody decree or other parent's most recent tax return) | YES | NO |
| 3. Is at least one student receiving Temporary Assistance to Needy Families (TANF), Aid to Families with Dependent Children (AFDC)? (provide written verification/printout from source) | YES | NO |
| 4. Does at least one student participate in a program receiving assistance under the Job Training Partnership Act, Workforce Investment Act, or under other similar, federal, state or local laws? (attach verification of participation) | YES | NO |
| 5. Does the household consist of at least one student who was previously under foster care within 5 years of the effective date of the initial income certification? (provide verification of participation) | YES | NO |

*Full-time student households that are income eligible and satisfy one or more of the above conditions are considered eligible. If questions 1-5 are marked **NO**, or verification does not support the exception indicated, the household is considered an ineligible student household.*

Under penalties of perjury, I/we certify that the information presented in this Annual Student Certification is true and accurate to the best of my/our knowledge and belief. I/we agree to notify management immediately of any changes in this household's student status. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of the lease agreement.

All household members age 18 or older must sign and date.

Signature

(Date)

Signature

(Date)

Signature

(Date)

Signature

(Date)

Household Name: _____

STUDENT STATUS FORM

(Each adult household member must sign the student status form)

A **full time student** is any individual who is currently enrolled in an educational institution (elementary school or higher) on a full-time basis, expects to be enrolled within the next 12 months, or has been enrolled on a full-time basis for at least 5 months (consecutive or not) out of the current calendar year.

List everyone living in the apartment as listed on page 1 of this application.

Household Member	Name	Not a Student	Student		Expects to become a student within 12 months	If part or full time, school attending:
			Part Time	Full-Time		
1. Head		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

A) If the household contains ALL FULL TIME students, please complete 1-5 below. Otherwise, skip B) and sign the bottom of this form.

Check all the student exceptions that are applicable to your household (proof of the exception MUST be provided):*		Yes	No
1.	Are the students married and entitled to file a joint tax return? (<i>attach marriage certificate or tax return</i>)	<input type="checkbox"/>	<input type="checkbox"/>
2.	Is at least one student a single parent with child(ren) and this parent is not a dependent of another individual and the child(ren) is/are not dependent(s) of someone other than a parent? (<i>attach student's most recent tax return or a certification of dependent children</i>)	<input type="checkbox"/>	<input type="checkbox"/>
3.	Is at least one student receiving assistance under title IV of the Social Security Act such as TANF (Temporary Assistance to Needy Families) or AFDC? (Aid to Families with Dependent Children)	<input type="checkbox"/>	<input type="checkbox"/>
4.	Is at least one student enrolled in a job training program receiving assistance under the Job Training Partnership Act or under other similar Federal, State, or local laws? (<i>Attach verification of participation</i>)	<input type="checkbox"/>	<input type="checkbox"/>
5.	Does the household consist of at least one student who was previously under foster care?	<input type="checkbox"/>	<input type="checkbox"/>

Full time student households that are income eligible and satisfy one or more of the above conditions are considered eligible. If questions 1-5 are marked NO, or verification does not support the exception indicated, the household is considered an ineligible student household.

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. **The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of the lease agreement and may be subject to criminal penalties. I also understand that I am to immediately report any changes in my student status to the management.** I understand that changes in my student status may affect my eligibility to participate in this program.

(Signature of Applicant/Resident)_____
(Printed Name of Applicant/Resident)_____
(Date)_____
(Signature of Applicant/Resident)_____
(Printed Name of Applicant/Resident)_____
(Date)_____
(Signature of Applicant/Resident)_____
(Printed Name of Applicant/Resident)_____
(Date)_____
(Signature of Applicant/Resident)_____
(Printed Name of Applicant/Resident)_____
(Date)

Household Name: _____



AUTHORIZATION FOR RELEASE OF INFORMATION

Property Name:	<i>Palisade Park Apartments</i>	Phone:	<i>435-283-3364</i>
Applicant/ Resident:		Applicant/ Resident:	

Please see the attached verification form. The referenced individual is applying/recertifying for residency at a community that is regulated by the LIHTC, HOME, or RD programs, which require that we obtain written confirmation of the projected annual gross earnings for the next twelve (12) months of all applicants / residents.

To comply with this regulation, we ask that you complete and return the attached verification via fax or mail at the shown number or address on the attached form. The information will be used solely for the determination of residency eligibility under the applicable program(s). We appreciate your timely response in completing this verification. If you have any questions regarding the needed information, please do not hesitate to telephone our leasing office at the number given above.

THIS SECTION TO BE COMPLETED BY APPLICANT / RESIDENT

I/We hereby authorize all persons or companies in the categories listed below to release without liability, information regarding employment, income, and/or assets to said property above for purposes of verifying information on my/our housing rental application.

TERMS AND CONDITIONS

I/We understand that current or previous information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identity, employment, income, assets, student status, medical or child care allowances, and utility information. I/We understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my eligibility for and continued residency participation as a Qualified Resident.

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

- Credit Bureaus
- Past and Present Employers
- State Unemployment Agencies
- Current and Previous Landlords
- Public Housing Agencies
- Support and Alimony Providers
- Welfare Agencies
- Educational Institutions
- Social Security Administration
- Child Care Providers
- Veterans Administration
- Retirement Systems
- Banks and Financial Institutions
- Utility Provider
- Departments of Health
- Medicaid/Medicare Offices
- Division of Healthcare Financing
- Public Assistance Agencies

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and will stay in effect until revoked in writing and submitted to said property above.

Applicant/Resident Signature

Date

Social Security Number

Applicant/Resident Signature

Date

Social Security Number

"Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosure or improper use 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 willingly 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 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 208 (a)(6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a)(6), (7) and (8).**

Household Name: _____



UNDER \$5000 ASSET CERTIFICATION

For households whose combined net assets are under \$5,000. Complete only one form per household; include assets of children.

Household Name:	Property Name :
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Complete 1 & 2 below completely. Only check the box on #3 if the entire household has no assets.

Certain funds (e.g. Retirement, Pension, Trust) may or may not be (fully) accessible. Include only those amounts which are accessible.

1. My/our assets include:

Source of Asset	NO	YES	If YES, Cash Value* (A)	Interest Rate (B)	Annual Income (A x B)
Checking Account [six (6) month average]	<input type="checkbox"/>	<input type="checkbox"/>	\$	%	\$
Savings Account	<input type="checkbox"/>	<input type="checkbox"/>	\$	%	\$
Re-loadable income card	<input type="checkbox"/>	<input type="checkbox"/>	\$	%	\$
Cash on Hand	<input type="checkbox"/>	<input type="checkbox"/>	\$	blank	blank
Safety Deposit Box	<input type="checkbox"/>	<input type="checkbox"/>	\$	%	\$
Certificate of Deposit	<input type="checkbox"/>	<input type="checkbox"/>	\$	%	\$
Money Market Funds	<input type="checkbox"/>	<input type="checkbox"/>	\$	%	\$
Stocks	<input type="checkbox"/>	<input type="checkbox"/>	\$	%	\$
Bonds	<input type="checkbox"/>	<input type="checkbox"/>	\$	%	\$
IRA Accounts	<input type="checkbox"/>	<input type="checkbox"/>	\$	%	\$
401K Accounts	<input type="checkbox"/>	<input type="checkbox"/>	\$	%	\$
Keogh Accounts	<input type="checkbox"/>	<input type="checkbox"/>	\$	%	\$
Trust Funds	<input type="checkbox"/>	<input type="checkbox"/>	\$	%	\$
Equity in Real Estate / Land Contracts	<input type="checkbox"/>	<input type="checkbox"/>	\$	%	\$
Lump Sum Receipts	<input type="checkbox"/>	<input type="checkbox"/>	\$	%	\$
Capital Investment	<input type="checkbox"/>	<input type="checkbox"/>	\$	%	\$
Life Insurance Policies (excluding term)	<input type="checkbox"/>	<input type="checkbox"/>	\$	%	\$
Other Retirement/Pension Funds not named above:	<input type="checkbox"/>	<input type="checkbox"/>	\$	%	\$
Personal Property held as an investment**:	<input type="checkbox"/>	<input type="checkbox"/>	\$	%	\$
Other (list):	<input type="checkbox"/>	<input type="checkbox"/>	\$	%	\$
TOTAL GROSS ANNUAL INCOME	blank	blank	blank	blank	\$

*Cash value is defined as market value minus the cost of converting the asset to cash, such as broker's fees, settlement costs, outstanding loans, early withdrawal penalties, etc.

**Personal property held as an investment may include, but is not limited to, gem or coin collections, art, antique cars, etc. Do not include necessary personal property such as, but not necessarily limited to, household furniture, daily-use autos, clothing, assets of an active business, or special equipment for use by the disabled.

2.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Within the past two (2) years, I/we have sold or given away assets (including cash, real estate, etc.) for more than \$1,000 below their fair market value (FMV). Those amounts (the difference between FMV and the amount received, for each asset on which this occurred) are included above and are equal to a total of \$ _____.
3.	I/we do <u>not</u> have any assets at this time. (<u>Only</u> check this box if <u>no</u> value in the Cash Value Column for #1)	

The net family assets (as defined in 24 CFR 813.102) above do not exceed \$5,000 and the annual income from these assets as determined above is included in the total gross annual income.

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.

Applicant/Resident

Date

Applicant/Resident

Date