

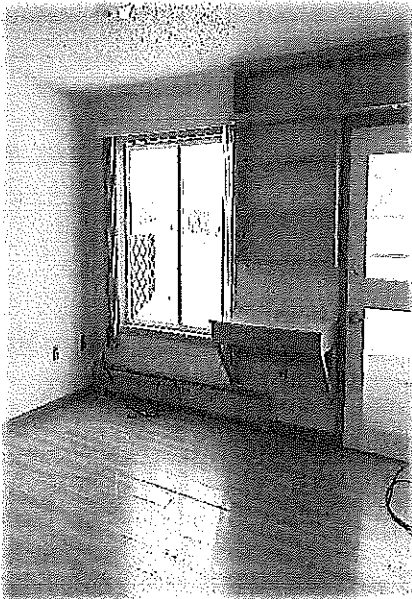
# BOIS FORTE

# HOUSING

# APPLICATION



- Bois Forte Band Member Priority, or Essential Personnel.
- Low Rent Program – at 80% or below the U.S. Median Income
- Tax Credit Homes – at 60% or below the MTSP Median Income with the possibility of homeownership.
- Must be able to comply with terms and conditions of Lease Agreement



- Send all verifications along with filled out application.
- Standard wait time is anywhere from 6 months to 2 years.
- You must meet the criteria before going on the waitlist.
- You must not owe any debts to Lake Country Power, Ferrellgas, Como Oil, Lakes Gas, or an agency of the Bois Forte Band.
- Anyone is allowed 3 refusals and then they are removed from the wait list and must start the process over again.
- **It is every applicant's responsibility to update their application every year, if not their application is only kept on file for a maximum of 3 years.**
- *Applications can be dropped off, mailed, emailed, or faxed to:*

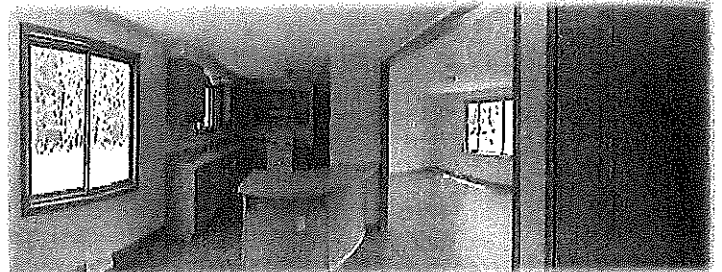
*Bois Forte Housing Department  
5344 Lakeshore Drive  
Nett Lake, MN 55772  
(see website for email addresses)*

CALL OUR OFFICE AT (218) 757- 3253

Fax: (218) 757-3254

OR STOP BY. WE ARE HAPPY TO HELP!

(MON-FRI /8 A.M.-4:30 P.M.)





# Bois Forte Reservation Housing Department

5344 Lakeshore Drive • Nett Lake, Minnesota 55772  
218-757-3253 • Fax 218-757-3254



_____ Applicant Name (Last, First, MI)		_____ Today's Date
_____ Address		_____ Phone # or Message #
_____ City	_____ State	_____ Applicant Social Security #
_____ Zip Code		_____ Date of Birth

### APPLICANT'S HOUSEHOLD MEMBERS (INCLUDE HEAD OF HOUSEHOLD)

Name:	Relationship:	Sex:	D.O.B:	Age:	S.S. #
1. _____					
2. _____					
3. _____					
4. _____					
5. _____					
6. _____					

(Additional household members can be written on back of page)

- **Copies of Social Security numbers must be provided**  
\*Income source for each adult must be listed, and proof of income must be provided.

1. _____
2. _____
3. _____

**HANDICAP/DISABILITY – (MUST PROVIDE VERIFICATION FROM A DOCTOR, SOCIAL SECURITY ADMINISTRATION OR VETERAN'S ADMINISTRATION)**

«hdsdocid»



This institution is an equal opportunity provider and employer.

**List District Preference by number (1<sup>st</sup>, 2<sup>nd</sup>, or 3<sup>rd</sup>)**

\_\_\_\_\_ Nett Lake Village      \_\_\_\_\_ Palmquist      \_\_\_\_\_ Vermillion Sector

Circle the number of bedrooms you would prefer      1      2      3      4

**Your current housing situation:**

Is the dwelling:

Leased \_\_\_\_\_ Rented \_\_\_\_\_ Owned by You \_\_\_\_\_ Friend \_\_\_\_\_ Relative \_\_\_\_\_

**(If you own your own home, you must provide an appraisal)**

What is the current monthly rent? \$ \_\_\_\_\_

Number of persons in dwelling \_\_\_\_\_

Number of families in the dwelling \_\_\_\_\_

Does rent include water and sewer? Yes \_\_\_\_\_ No \_\_\_\_\_

Number of Bedrooms \_\_\_\_\_

Do you have child care expense? Yes \_\_\_\_\_ No \_\_\_\_\_ Amount Per Month \$ \_\_\_\_\_

**(Must provide documentation)**

**REFERENCES:**

(Please List all managers for the past 3 years to current Landlord)

Name	Address	Phone#	Rent per Month	Rental Dates
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

**CREDIT REFERENCES:**

	Name:	Address:	Phone #	Type of Loan/Credit?	Balance due
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

**PERSONAL REFERENCES:**

(Please do not list anyone employed by IHA or any Board of Commissioners of this IHA)

	Name	Address	Phone #	Years known
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

**PLEASE LIST FAMILY ASSETS:**

	Type:	Valued at:
1.	_____	_____
2.	_____	_____
3.	_____	_____

# Household Questionnaire

Certification Effective Date: Move-in _____ Recertification _____ Add a member _____ Waiting List _____	Household certifying for the following Program(s): <input type="checkbox"/> Housing Tax Credit <input type="checkbox"/> HOME <input type="checkbox"/> NAHASDA <input type="checkbox"/> Other _____	Date & Time Rec'd: _____  Rent Amount: \$ _____
---	--	---

Property Name: \_\_\_\_\_ Bldg/Unit #: \_\_\_\_\_

## HOUSEHOLD COMPOSITION

Applicants/residents, complete this application in your own handwriting. List all persons who will be living in the unit. Give the relationship of each family member to the head of household. If this eligibility application is being completed by an applicant who is applying for occupancy with an existing household, only include the information for the new applicant. **Each household member age 18 years or older and under age 18 if head, spouse, or co-head of household must disclose income and assets and sign and date this application.** All Housing Tax Credit Program households must also complete an Annual Student Certification.

#	HOUSEHOLD MEMBER'S NAME	RELATIONSHIP	DATE OF BIRTH	LAST 4 of the SOCIAL SECURITY NUMBER	HAS/WILL THIS PERSON BE A STUDENT* DURING THIS AND/OR THE UPCOMING CALENDAR YEAR? YES/NO	Tribal Enrollment #	Tribe Name
1		<b>HEAD</b>					
2							
3							
4							
5							
6							
7							
8							

\* Include public and private elementary, junior & senior high, college, university, technical, trade, and mechanical schools. Do not include on-the-job training courses.

## HOUSEHOLD INCOME

List current and anticipated income for the twelve-month period beginning on the anticipated move-in date or effective date of recertification. Include all full time, part time or seasonal income even if completing this application in the off-season.

**DOES ANY MEMBER RECEIVE OR EXPECT TO RECEIVE**  
(Check YES or NO to each item, as applicable, and include gross monthly amount. List sources on page 3.)

YES	NO		Gross Monthly Amount
		1. Wages, salaries (include overtime, tips, bonuses, commissions, etc.)	\$ _____
		2. Does any member work for someone who pays them in cash or is self-employed	\$ _____
		3. Regular pay for a member of the armed forces	\$ _____
		4. Public Assistance (TANF, GA) <u>Benefits are received by (circle one)</u> direct deposit check cash card	\$ _____
		5. Worker's compensation	\$ _____

## Household Questionnaire

	6. Unemployment benefits or severance pay	\$
	7. Student financial assistance (public or private, not including student loans)	\$
	8. Child support (Court order or NOT, even if you are not receiving the full amount)	\$
	9. Alimony/Spousal Maintenance	\$
	10. Social Security income (including unearned income of minor children and death)	\$
	11. Disability benefits including social security disability	\$
	12. Regular payments from pensions (PERA, railroad, etc.)	\$
	13. Regular payments from retirement benefits	\$
	14. Regular payments from annuities or life insurance dividends	\$
	15. Regular payments from inheritance, insurance settlement, lottery winnings, etc.	\$
	16. Net income from rental property	\$
	17. Regular cash and non-cash contributions, assistance with paying bills or gifts from individuals not living in the unit (not including groceries)	\$
	18. Are any changes to income expected within the next 12 months due to a raise, bonus or other reason?	\$
	19. Per Capita from Gaming	\$
	20. Per Capita other than Gaming	\$
	21. Other Income not listed above? <u>Indicate type of income:</u>	\$

### HOUSEHOLD ASSETS

YES	NO	DOES ANY HOUSEHOLD MEMBER (INCLUDING CHILDREN) HAVE MONEY HELD IN:	CURRENT BALANCE
		22. Checking Accounts (current balance)	\$
		23. Savings Accounts	\$
		24. Cash cards used to receive government benefits other than income	\$
		25. Balance of EBT Card (Do not include amount received for SNAP)	\$
		26. Stocks	\$
		27. Capital Investments	\$
		28. Bonds	\$
		29. Trusts*	\$
		30. Securities	\$
		31. Whole or Universal Life Insurance Policy (do not include term life insurance)	\$
		32. 401K*	\$
		33. IRA/KEOGH Accounts	\$
		34. Certificates of Deposit	\$
		35. Pension/Retirement/Annuity accounts	\$
		36. Money Market Funds	\$
		37. Treasury Bills	\$
		38. Safety Deposit Box	\$
		39. Online donation accounts such as GoFundMe, Kickstarter, Fundly, local bank, ect	\$
		40. Lump Sum Payment (i.e., inheritance, insurance settlement, lottery winnings, capital gains)	\$
		41. Other:	\$

# Household Questionnaire

\*Include Trusts, 401K, etc., only if the accounts are accessible to the household prior to termination of employment, retirement, or death. If you are unsure, list the account and it will be verified.

	YES	NO		VALUE
	<input type="checkbox"/>	<input type="checkbox"/>	42. Do you now own a home or other real estate? If yes, list address(es): _____ _____	\$ _____
	<input type="checkbox"/>	<input type="checkbox"/>	43. Do you receive payments for a home you sold by contract for deed?	\$ _____
	<input type="checkbox"/>	<input type="checkbox"/>	44. Do you have any coin collections, antique cars, gems/jewelry, stamps or any other items held as an investment, ( wedding rings and personal jewelery do not count)?	\$ _____
	<input type="checkbox"/>	<input type="checkbox"/>	45. Are any assets held jointly with another person? List person and asset(s). _____ _____	_____
<b>Enter combined cash value of all household assets</b>				\$ _____

## DO NOT LEAVE THIS SECTION BLANK.

From 1-45, income and assets above, provide contact information for all "YES" checked items.

All information must be verified.

(If a household member has more than one source of income and/or asset, use a separate line for each source. Use additional sheets, if necessary.)

Item Number	HH Member	Name and mailing address of income and/or asset source	Contact name & phone/fax number

Please attach documentation available to verify income (e.g., divorce/settlement papers, tax returns, social security benefit award letter, etc.).

I/We hereby certify that I/We Have Have not sold or given away any assets for less than Fair Market Value during the two year (24 month) period preceding the date of this questionnaire. Any assets sold or disposed of for less than Fair Market Value must be identified below:

Household Member	Asset & Estimated Market Value	Date Sold/Disposed	Amount Received
			\$ _____
			\$ _____

# Household Questionnaire

## ADDITIONAL INFORMATION

The following questions pertain to every member of the household.

Check either **YES** or **NO** in response to each question. Add an explanation below for all items checked "YES."

	<b>YES</b>	<b>NO</b>	
			48. Will any household member, including children, live in the unit on a less than full time basis?
			49. Do you anticipate any change in your household (someone moving in or out) during the next 12 months?
			50. Does any adult member of the household have zero income? If yes, name(s):
			51. Does/will the household receive rent assistance? If so, indicate from what source (Section 8, Rural Development RA, etc.).
			52. Does anyone in your household meet the definition for persons with disabilities? ("Disability" is defined as a physical or mental impairment that substantially limits one or more of the major life activities of an individual, such as not being able to care for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, or learning.)
			53. Does your household have any needs that might be better served by a unit which is accessible to persons with mobility, hearing or visual impairments?
			54. Has any member of the household ever served in the U.S. Military?

Explanation for any question answered yes above:

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## SIGNATURES

I/we certify that the foregoing information is true and complete to the best of my/our knowledge, and authorize the Landlord to make inquiries to verify the statements herein. I/we further understand that any intentional misrepresentation on this form might result in a default in the rental agreement and/or eviction of this household. If any of the aforementioned information changes, I/we agree to notify Landlord immediately.

<b>Applicant/Resident Signature</b>	<b>Date</b>
_____	_____
<b>Applicant/Resident Signature</b>	<b>Date</b>
_____	_____
<b>Applicant/Resident Signature</b>	<b>Date</b>
_____	_____
<b>Applicant/Resident Signature</b>	<b>Date</b>
_____	_____

**This applicant/resident required assistance in completing the Household Questionnaire due to:**

Assistance was provided by: \_\_\_\_\_ Date: \_\_\_\_\_

**Authorization for the Release of Information/Privacy Act Notice to the U.S. Department of Housing and Urban  
Development and the Housing Agency/Authority (HA)**

U.S. Department of Housing and Urban Development, Office of Public and Indian Housing

**PHA or IHA requesting release of information** (full address, name of contact person, and date):

**Authority:** Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544. This law requires you to sign a consent form authorizing: (1) HUD, and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; and (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service.

Section 104 of the Housing Opportunity and Modernization Act of 2016. The relevant provisions are found at 42 U.S.C. 1437n. This law requires you to sign a consent form authorizing the HA to request verification of any financial record from any financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401)), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits.

**Purpose:** In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

**Uses of Information to be Obtained:** HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

**Who Must Sign the Consent Form:** Each member of your family who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the family or whenever members of the family become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- Public Housing
- Housing Choice Voucher
- Section 8 Moderate Rehabilitation

**Failure to Sign Consent Form:** Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

**Revocation of consent:** If you revoke consent, the PHA will be unable to verify your information, although the data matches between HUD and other agencies will continue to automatically occur in the Enterprise Income Verification (EIV) System if the family is not terminated from the program.

**Sources of Information to be Obtained**

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self-employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages; and (b) financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits. I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information.

**Consent:** I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form remains effective until the earliest of (i) the rendering of a final adverse decision for an assistance applicant; (ii) the cessation of a participant's eligibility for assistance from HUD and the PHA; or (iii) The express revocation by the assistance applicant or recipient (or applicable family member) of the authorization, in a written notification to HUD or the PHA.

**Signatures:**

_____	_____	_____	_____
Head of Household	Date		
_____	_____	_____	_____
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
_____	_____	_____	_____
Spouse	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date

**Privacy Advisory. Authority:** The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). Purpose: This form authorizes HUD and the above-named HA to request income information to verify your household's income in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

**Penalties for Misusing this Consent:** HUD and the HA (or any employee of HUD or the HA) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. 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 or the HA for the unauthorized disclosure or improper use.

**OMB Burden Statement.** The public reporting burden for this information collection is estimated to be 0.16 hours for new admissions and .08 hours for household members turning 19, including the time for reviewing, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Collection of information income and assets is required for program eligibility determination purposes. The submission of the consent form is necessary (form-HUD 9886) so that PHAs can carry out the requirements of Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993 (42 U.S.C. 3544) and Section 104 of HOTMA to ensure that HUD and PHAs can verify eligibility and income information for applicants and participants. This information collection is protected from disclosure by the Privacy Act. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Office of Public and Indian Housing, US. Department of Housing and Urban Development, Washington, DC 20410. When providing comments, please refer to OMB Approval No. 2577-0295. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.

# ENROLLMENT VERIFICATION

Are you a Bois Forte Band Member? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you a member of a federally recognized Indian Tribe? \_\_\_\_\_ Yes \_\_\_\_\_ No

Tribal Enrollment # \_\_\_\_\_ Degree of blood \_\_\_\_\_

If a member of the Bois Forte Band, or any other federally recognized Indian Tribe, please provide a copy of an enrollment card or Tribal ID.

Housing employee (Initials) \_\_\_\_\_ A copy has been provided.

**If an enrollment card or Tribal ID cannot be provided by the applicant, but they are enrolled in Bois Forte, they must see the Enrollment Coordinator and request proof of enrollment.**

I hereby certify that the forgoing information is true and correct to the best of my knowledge. I authorize the Bois Forte Housing Department to make any inquiries to verify all above statements. I understand that my failure to provide any or all information requested will result in me and my family being declared ineligible for the housing program.

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**



# Bois Forte Reservation Housing Department

5344 Lakeshore Drive • Nett Lake, Minnesota 55772  
218-757-3253 • Fax 218-757-3254



The following named individual has made application with the Bois Forte Housing Department for the purpose of residency.

Please print all information below:

Last Name of Applicant: \_\_\_\_\_

First Name: \_\_\_\_\_

Full Middle: \_\_\_\_\_

Maiden, Alias, or Former: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: Male Female (Circle one)

Social Security Number (Optional): \_\_\_\_\_

By my signature below, I authorize and approve the Bois Forte Housing Department to obtain information for the purpose of applicant screening requiring a background investigation for housing applicants with the Bois Forte Housing Department.

A copy of the authorization shall be the same as the original. This authorization shall expire fifteen (15) months after the date of my signature.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Expires on

«hdsdocid»



## FEDERAL PRIVACY ACT STATEMENT

The U.S Department of Housing and Urban Development (HUD) will be Collecting information you gave the Bois Forte Reservation Housing Department at application or Reexamination. HUD will collect the information on Form HUD-50058. The data will be collect Includes name, sex, birth date, social security number (SSN). Income by source, assets, certain deductible expenses and rental payment.

The privacy Act of 1974, as amended. requires us to tell you about this. We are also required to tell you what HUD will do with the information.

HUD will use the Information to manage and monitor HUD-assisted housing programs. It also may verify whether the information is accurate and complete by doing computer match.

HUD may give the information to Federal, State and local agencies when it will be used for civil, criminal or regulatory investigations and prosecutions. HUD also may make summaries of resident and data available to the public. Other than these uses HUD will not release the Information outside HUD, except as permitted or required by law.

The Housing and Community Development Act of 1987, 42 U.S.C. 3543 requires applicants and residents to give the Housing Department the SSN(s) of the household members at least six (6) years old. If you are an applicant and you have been issued or use SSN(s) and you do not give them to the Housing Department. The Housing Department is required to reject your application for housing assistance. If you are receiving housing assistance and you have been issued or use SSN(s) and do not give them to the Housing Department. The Housing Department is required to evict your family or withdraw your housing assistance.

The U.S. Housing Act of 1937, as amended, 42 U.S.C 1437 et.seq. and the Housing and Community Development Act of 1981. P.L 97-35 stat. 348.408 requires applicants and residents to provide the other information (listed in the first paragraph) to the Housing Department. If you are an applicant and you fail to give the Housing Department this information, the Housing Department may reject your application or delay acting on it. If you are receiving housing assistance and you do not give the Housing Department this information, the housing department may have to evict you or withdraw your housing assistance.

**I have read the Federal Privacy Act statement above: Date** \_\_\_\_\_

\_\_\_\_\_  
**Head of Household**

\_\_\_\_\_  
**Spouse**

\_\_\_\_\_  
**Other family member over age 18**

\_\_\_\_\_  
**Other family member over age 18**

\_\_\_\_\_  
**Other family member over age 18**

\_\_\_\_\_  
**Other family member over age 18**

Tenant Release and Consent



Re: Name: \_\_\_\_\_ Unit #: \_\_\_\_\_

I/We \_\_\_\_\_, the undersigned hereby authorize all persons or companies in the categories listed below to release without liability, information regarding employment, income, and/or assets to, for purposes of verifying information on my/our apartment rental (owner or agent) application.

INFORMATION COVERED

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identity; employment, income, and assets; medical or child care allowances. 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 participation as a Qualified Tenant.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information include, but are not limited to:  
Previous Landlords including Housing Agencies      Past and Present Employers      Welfare Agencies  
Support and Alimony Providers      State Unemployment Agencies      Retirement Systems  
Medical and Child Care Providers      Social Security Administration      Veterans Administration  
Banks and other Financial Institutions

CONDITIONS

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 for a year and one month from the date signed. I/We understand I/we have a right to review this file and correct any information that is incorrect.

SIGNATURES

_____	_____
Applicant/Resident	Date
_____	_____
Co-Applicant/Resident	Date
_____	_____
Adult Member	Date
_____	_____
Adult Member	Date

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 disclosures or improper uses 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. Section \*\*408 (a) (6), (7) and (8).

<b>Instructions:</b> Print the names of each household member signing this form.	

Minnesota Housing Finance Agency ("Minnesota Housing") is asking you to supply information that relates to your application to occupy, or continue to occupy, a unit in the following property ("Property"):

Some of the information you are being asked to provide to Minnesota Housing may be considered private or confidential under the Federal Privacy Act of 1974 and the Minnesota Government Data Practices Act, Minnesota Statutes chapter 13. Section 13.04(2) of that law requires that you be notified of the matters included in this Disclosure Statement before you are asked to provide that information to Minnesota Housing. The owner of the Property ("Owner") may also ask you to supply information that relates to your application. The Owner's request for information is not governed by the Minnesota Government Data Practices Act.

1. Minnesota Housing is asking for information that is necessary for the administration and management of a State or Federal program to provide housing for low- and moderate-income families. Some information may be used to establish your eligibility to initially occupy, or continue to occupy, a unit in the Property and/or to receive either State or Federal rental assistance. Some information may be used to assist Minnesota Housing and its contractors for research purposes and the evaluation and management of some of the programs it operates.
2. As part of your application, you are asked to supply the information contained in each of the following attachments that are checked with an "X" (all checked boxes apply):
  - Attachment 1: For Units Assisted with Section 8, Section 236, Section 202, or Section 811
  - Attachment 2: For Units Assisted with Housing Tax Credits, Section 1602, Bond Funded NCTC or Bond Funded LMIR First Mortgages, MARIF, HOWPA, HOME, or NHTF.
  - Attachment 3: For Units Assisted with Deferred Loan Programs (other than MARIF, HOPWA, HOME, or NHTF), Non-bond Funded NCTC or LMIR First Mortgages, or Apartment Renovation Mortgages

**NOTE:** Each attachment has two parts: Part A and Part B.

3. The information asked for under Part A of the checked Attachment(s) may be used by Minnesota Housing to establish your eligibility to occupy a unit in the Property or to receive State or Federal

rental assistance. If you refuse to supply any portion of the information asked for under Part A of the checked Attachment(s), you may not qualify for initial or continued occupancy of a unit in the Property or for receipt of State or Federal rental assistance.

4. The information asked for under Part B of the checked Attachment(s) will help Minnesota Housing evaluate and manage some of the programs it operates and supplying this information will be very helpful to Minnesota Housing. Your failure to provide any of the information asked for under Part B of the checked Attachment(s) will not affect whether or not you qualify for initial or continued occupancy of a unit in the Property or for State or Federal rental assistance.
5. The Owner may also ask for information to determine whether or not it will rent a unit in the Property to you. Supplying or refusing to supply any information requested by the Owner will not affect a decision by Minnesota Housing, but could affect the Owner's decision of whether it will rent a unit to you. The determination by the Owner is separate from Minnesota Housing's determination and Minnesota Housing does not participate, in any way, in the Owner's decision.
6. All of the information that you supply to Minnesota Housing will be accessible to staff of Minnesota Housing and its contractors and may be made available to staff of the Office of the Minnesota Attorney General, the United States Department of Housing and Urban Development, the United States Internal Revenue Service, and other persons and/or governmental entities who have statutory authority to review the information, investigate specific conduct, and/or take appropriate legal action, including but not limited to, law enforcement agencies, courts, and other regulatory agencies. The information may also be provided by Minnesota Housing to the Owner's management agents of the Property.
7. This Disclosure Statement remains in effect for as long as you occupy a unit in the Property and are a participant in the program(s) identified in #2, above.

I was (We were) supplied with a copy of and have read this Minnesota Housing Finance Agency Government Data Practices Act Disclosure Statement and the Attachment(s) identified in #2, above.

Head of household, spouse, co-head, and all household members age 18 or older must sign below:

Applicant/Tenant Signature _____	Date _____
Applicant/Tenant Signature _____	Date _____
Applicant/Tenant Signature _____	Date _____
Applicant/Tenant Signature _____	Date _____

## HOUSEHOLD DEMOGRAPHICS

Property Name: \_\_\_\_\_ Unit #: \_\_\_\_\_

Household Name: \_\_\_\_\_

HOUSEHOLD COMPOSITION										
Mbr #	FIRST NAME	LAST NAME	MI	RELATIONSHIP TO HEAD-OF-HOUSEHOLD						
				Head	Spouse	Adult Co-Resident	Child	Foster Child/Adult	Live-in Caretaker	Other
1				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Check ALL that apply for each household member.

(A) RACIAL CATEGORIES*	HOH Member #1	Member #2	Member #3	Member #4	Member #5	Member #6	Member #7
White	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Black or African American	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
American Indian or Alaska Native	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Native Hawaiian or Other Pacific Islander	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Choose Not to Disclose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Check one for each household member.

(B) ETHNIC CATEGORIES*	HOH Member #1	Member #2	Member #3	Member #4	Member #5	Member #6	Member #7
Hispanic or Latino	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not Hispanic or Latino	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Choose Not to Disclose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(C) DISABILITY STATUS*	HOH Member #1	Member #2	Member #3	Member #4	Member #5	Member #6	Member #7
Are any household members disabled according to the Fair Housing Act? If "Yes," check box.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are any household members disabled according to the Fair Housing Act? If "No," check box.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Choose Not to Disclose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\*Please refer to the attached page for definitions of race, ethnicity, and disability.

Reasonable Accommodation: If a third party is required to assist with the completion of this document, add their signature and date, printed name, relationship and phone number to the bottom of this page.

Head of Household Signature	Date	Member #2 Signature	Date
Member #3 Signature	Date	Member #4 Signature	Date

## Attachment 1

### For Units Assisted with Section 8, Section 236 Section 202, or Section 811

#### Part A

1. Household composition, legal name(s), age(s), and relationship to the head of household of all household members.
2. Applies to Section 8, Section 236, and Section 202 only: Declaration of citizenship or legal non-citizenship of all household members (does not apply to Section 811)
3. Social Security Number disclosure of all household members
4. Date of birth of all household members
5. Elderly, disabled, or handicapped status of affected members of your household (for program eligibility and/or program allowances)
6. Custody of minor children
7. Student status
8. Housing preferences by program or statute
9. Employment or unemployment status
10. Amount and source of all earned and unearned income of all household members
11. Type, value, and income derived from all household assets
12. Type, value, and income derived from all household assets disposed of for less than fair market value within the past 2 years
13. Participation in self-sufficiency programs
14. Medical expenses (for program allowances)
15. Handicap assistance expenses (for program allowances)
16. Childcare expenses (for program allowances)
17. Need for reasonable accommodation for any member of the household
18. Need for assistive animal and/or devices
19. Credit and criminal history background data of all adult household members
20. Disclosure of the use, sale, distribution, or manufacture of illegal drugs of any adult household members
21. Disclosure of convictions of the use or illegal distribution or manufacture of illegal drugs or controlled substances
22. Disclosure of convictions of a felony or misdemeanor (other than a traffic violation)
23. Disclosure of lifetime registration as a predatory sex offender of any adult household member
24. Disclosure of a pattern of alcohol abuse of any adult household member that would interfere with other tenants' rights
25. Disclosure of receipt of previously received government housing subsidy
26. Disclosure of termination of housing assistance for fraud, non-payment of rent or utilities, or failure to cooperate with recertification procedures
27. Current and previous residency

#### Part B

1. Race
2. Ethnicity
3. Gender

## Attachment 2

For Units Assisted with Housing Tax Credits, Section 1602, Bond Funded NCTC or LMIR First Mortgages, MARIF, HOPWA, HOME (HOME Rental Rehabilitation, HOME Targeted, and HOME Affordable Rental Preservation) or NHTF

### Part A

1. Household composition, \*legal name(s), date(s) of birth, and relationship to the head of household of all household members
2. Amount and source of all earned and unearned income of all household members
3. Source, type, value, and income derived from all household assets
4. Type, value, and income derived from all household assets disposed of for less than fair market value within the past 2 years
5. Disabled or handicapped status of members of your household (for program eligibility, if applicable)
6. Current and/or previous housing history (for program eligibility, if applicable)

*\*For purposes of reporting to Minnesota Housing under HOPWA, participant names may be coded for confidentiality.*

### Housing Tax Credits, Section 1602, or bond funded NCTC or LMIR also require:

- Student status of household members and, where applicable, evidence that student household meets Internal Revenue Code Section 42 or Section 142 (bond) eligibility

### HOME also requires (where applicable):

- Student status of household members and evidence of HOME student eligibility

### MARIF also requires:

- Receipt of public assistance and/or rental assistance
- Social Security Number or Alien Registration of MARIF-eligible household member
- Evidence of current or recent Minnesota Families Investment Program (MFIP) participant. "Recent MFIP participant" means a family who left MFIP for reasons other than disqualification from MFIP due to fraud no more than twenty-four (24) months prior to the family's application for tenancy in a MARIF unit, and whose income at the time of application is equal to or less than 160% of the federal poverty level for the family's size

### Part B

1. Race
2. Ethnicity
3. Gender
4. Social Security Number or Alien Registration
5. Disability or mobility impaired status

### **Attachment 3**

#### **For Units Assisted with Deferred Loan Programs (other than MARIF, HOPWA, HOME and NHTF), Non-bond Funded NCTC or LMIR First Mortgages, or Apartment Renovation Mortgages**

##### **Part A**

1. Household composition including number of adults, number of children, and legal name of the head of household
2. Gross annual household income
3. Current and/or previous housing history (for program eligibility, if applicable)
4. Dates of birth of all household members (for program eligibility, if applicable)

##### **Part B**

1. Date of birth of the head of household
2. Race of the head of household
3. Ethnicity of the head of household
4. Gender of the head of household
5. Disability or mobility impaired status of household members
6. Main source of income of the head of household

# ANNUAL STUDENT CERTIFICATION

Effective Date: _____
Move-In Date: _____ <span style="font-size: small;">(MM/DD/YYYY)</span>

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: _____
Property Name: _____	Building Address: _____

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) who have not been/will not be a full time student for five months or more of the current and/or upcoming calendar year. *Verification of part-time student status is required for at least one occupant. If this item is checked, . Sign and date below. Verification of part time student status is required for at least one occupant.*
  
- C. \_\_\_\_\_ Household contains all students who were, are, or 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 item is checked, questions 1-5, below must be completed:*

- |   |     |    |
|---|-----|----|
| 1. Is at least one student receiving Temporary Assistance to Needy Families (TANF), otherwise known as Minnesota Family Investment Program (MFIP)? (provide release of information for verification purposes)   | YES | NO |
| 2. 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 |
| 3. Is at least one student a single-parent with child(ren) and this parent is not a dependent of someone else, and the child(ren) is/are not dependent(s) of someone other than a parent? (attach student's and if applicable, divorce/custody decree or other parent's most recent tax return) | YES | NO |
| 4. Are the students married and entitled to file a joint tax return? (attach marriage certificate or tax return)  | YES | NO |
| 5. Does the household consist of at least one student who was under the care and placement responsibility of the state agency responsible for administering foster care? (provide verification of participation)  | YES | NO |

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

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)

# EMPLOYMENT VERIFICATION

TO: (Name & Address of Employer)

FROM: (Name & Address of Owner/Management Agent)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RE: \_\_\_\_\_  
Applicant/Tenant Name

Email: \_\_\_\_\_

Contact \_\_\_\_\_ at ( ) \_\_\_\_\_ or  
by email at \_\_\_\_\_ if you have any questions.

Unit Number (Optional) \_\_\_\_\_

Thank you for your prompt response. All information is confidential.

## PERMISSION FOR RELEASE OF INFORMATION

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 which 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.

Signature of Applicant/Tenant \_\_\_\_\_

Date \_\_\_\_\_

### THIS SECTION TO BE COMPLETED BY EMPLOYER

Employer, please fill in all blanks. Enter N/A if an item is not applicable to the above employee.

Employee Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Presently Employed: Yes \_\_\_\_\_ Date First Employed \_\_\_\_\_ No \_\_\_\_\_ Last Day of Employment \_\_\_\_\_

Current gross wages/salary: \$ \_\_\_\_\_ (circle one) hourly weekly bi-weekly semi-monthly monthly yearly other \_\_\_\_\_

Average # of regular hours per week: \_\_\_\_\_

Overtime Rate: \$ \_\_\_\_\_ per hour Average # of overtime hours per week (not included in regular hours): \_\_\_\_\_

Shift Differential Rate: \$ \_\_\_\_\_ per hour Average # of shift differential hours per week (not included in regular hours): \_\_\_\_\_

Commissions, bonuses, tips, other: \$ \_\_\_\_\_ (circle one) hourly weekly bi-weekly semi-monthly monthly yearly other \_\_\_\_\_

Complete only if above wage data is unavailable: Year-to-date earnings: \$ \_\_\_\_\_ From \_\_\_\_/\_\_\_\_/\_\_\_\_ through \_\_\_\_/\_\_\_\_/\_\_\_\_

List any anticipated change in the employee's rate of pay within the next 12 months: \_\_\_\_\_; Effective date: \_\_\_\_\_

Is the employee's work seasonal or sporadic? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, indicate the average number of weeks in the layoff period(s): \_\_\_\_\_

Does this employee have a 401(k), 403(b), or other retirement account? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, can the employee withdraw the funds in this account? Yes \_\_\_\_\_ No \_\_\_\_\_ What is the appropriate agency/contact information to verify retirement account information? \_\_\_\_\_

Additional remarks: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Your Name: \_\_\_\_\_

Tel. #: \_\_\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PENALTIES FOR MISUSING THIS CONTENT:** 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 disclosures or improper uses 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). Violations of these provisions are cited as violations of 42 USC 408 (a), (6), (7), and (8).

# Bank Verification

TO: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

RE: \_\_\_\_\_  
 Name \_\_\_\_\_  
 \_\_\_\_\_  
 Social Security Number \_\_\_\_\_

FROM: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Thank you for your prompt response. All information is confidential.  
 Please contact \_\_\_\_\_  
 at ( ) \_\_\_\_\_ if you have any questions.

**PERMISSION FOR RELEASE OF INFORMATION**

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

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

**THIS SECTION TO BE COMPLETED BY FINANCIAL INSTITUTION**

*Please provide information for all accounts.*

SAVINGS ACCOUNT:  
 Acct #: \_\_\_\_\_  
 Current Balance \$ \_\_\_\_\_  
 Current % Rate \_\_\_\_\_  
 Is this a joint account? \_\_\_ No / \_\_\_ No but is POD  
 \_\_\_ Yes, held jointly with \_\_\_\_\_

SAVINGS ACCOUNT:  
 Acct # \_\_\_\_\_  
 Current Balance \$ \_\_\_\_\_  
 Current % Rate \_\_\_\_\_  
 Is this a joint account? \_\_\_ No / \_\_\_ No but is POD  
 \_\_\_ Yes, held jointly with \_\_\_\_\_

CHECKING ACCOUNT:  
 Average Balance for the Past Six Months: \$ \_\_\_\_\_  
 Rate of Interest: \_\_\_\_\_ %  
 Is this a joint account? \_\_\_ No / \_\_\_ No but is POD / \_\_\_ Yes, held jointly with \_\_\_\_\_

List all other asset accounts below (Certificates of Deposit, Money Market Funds, Trust, IRA's, etc.)

Account Number	Balance	Type of Account	Rate of Interest	Cash Value*
_____	\$ _____	_____	_____ %	\$ _____
_____	\$ _____	_____	_____ %	\$ _____
_____	\$ _____	_____	_____ %	\$ _____

Are any of these accounts held jointly? \_\_\_ No / \_\_\_ No but is/are POD  
 \_\_\_ Yes, \_\_\_\_\_ (identify which account(s)) is/are held jointly with \_\_\_\_\_

\* CASH VALUE IS THE BALANCE MINUS ANY PENALTIES FOR EARLY WITHDRAWAL

Signature: \_\_\_\_\_  
 Print your name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Bank Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_

Date: \_\_\_\_\_  
 Tel. #: \_\_\_\_\_  
 Email: \_\_\_\_\_

# Asset Self-Certification

For households whose combined net assets are \$50,000 or less. Complete only ONE form per household; include assets of children, except foster children. Also exclude assets held by foster adults or live-in assistants for household members with disabilities. Do not leave blanks. Use N/A if a box is not applicable.

Applicant / Tenant: \_\_\_\_\_

Unit #: \_\_\_\_\_

1.  I/we do not have any assets at this time. If checked, skip to #3 below.
2. If #1 is NOT CHECKED, I/we have the following assets.

**Note: Be sure to include the value of any cash or other asset in a safe deposit box or any other means of storage.**

\* Cash value is market value minus cost to convert an asset to cash, such as broker's fees, settlement costs, outstanding loans, penalties for early withdrawal, etc.

## Non-Necessary Personal Property

Type of Asset	Cash Value*	Interest Rate (if applicable)	Annual Income	Type of Asset	Cash Value*	Interest Rate (if applicable)	Annual Income
Non-necessary personal property (non-account assets such as RVs, ATVs, boats, antique cars, stamp collections, etc)				Annuities current balances			
Description:	\$		\$		\$		\$
Money market accounts current balances				Life Insurance current cash value (not term life)			
Description:	\$		\$		\$		\$
Cash on hand				Cryptocurrency (Bitcoin, etc)			
Checking current account balances	\$		\$		\$		\$
Savings current account balances	\$		\$		\$		\$
Debit cards (not linked to an account that is listed above)	\$		\$		\$		\$
Internet based assets current balance (Cash App, Venmo, PayPal, ApplePay, etc.)	\$		\$		\$		\$
Brokerage accounts current account balance (mutual funds, etc.)	\$		\$		\$		\$
Other   Description:	\$		\$		\$		\$
<b>[A] Total cash value of non-necessary personal property:</b>					\$	<b>[B] Total Income:</b>	

**Important Note | if the above total value [A] is \$50,000 or less, it is not added into the Total Net Assets Section [E] below. However, total income from non-necessary personal property above is added to total income [F] below.**

## Real Property

Description of property	Cash Value	Income
	\$	\$
	\$	\$
<b>[C] Total real property value:</b>		\$
		<b>[D] Total Income from real prop:</b>

## Total Net Assets and Income

<b>[E] Tax Return.</b> Have you received a tax return or refundable tax credit in the last 12 months that was deposited into an account listed above? No <input type="checkbox"/> Yes <input type="checkbox"/>	Value of return/credit \$ _____	Subtract tax return/credit (if any) from total net assets. See formula for [F]
<b>[F] Total Net Assets:</b> (Total real property [C] + non-necessary personal property [A] (if [A] exceeds \$50,000) - [E] tax return/refundable credit)		<b>[F] Total Asset Income:</b> [B] + [D]

3.  Yes  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). If "No", sign the form below and return it.

4. If #3 is "Yes," for each transaction where assets were disposed of, complete the below  
 Date of disposal 1: \_\_\_\_\_ Difference FMV & amt received: \_\_\_\_\_ Date of disposal 2: \_\_\_\_\_ Difference FMV & amt received: \_\_\_\_\_

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/Tenant \_\_\_\_\_ Date \_\_\_\_\_ Applicant/Tenant \_\_\_\_\_ Date \_\_\_\_\_ Applicant/Tenant \_\_\_\_\_ Date \_\_\_\_\_ Applicant/Tenant \_\_\_\_\_ Date \_\_\_\_\_

### PENALTIES FOR MISUSING THIS VERIFICATION

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 and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses 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 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). Violations of these provisions are cited as violations of 42 U.S.C. 408 f, g and h.