

HOUSEHOLD SELF CERTIFICATION

Property Name: _____ Unit# _____

FORM TO BE COMPLETED BY RESIDENT(S) ONLY

Last Name	First Name	Relationship to Head of Household	Date of Birth	Sex M/F	Full-Time Student Y/N

List the name(s) of all adult household members who are claiming zero income:

HOUSEHOLD SELF CERTIFICATION OF ASSETS

Household Name: _____ Unit# _____

Complete one form per household (include the assets of minors).

Cash Value*	Int. Rate	Annual Income	Source	Cash Value*	Int. Rate	Annual Income	Source
\$ _____	_____	\$ _____	Savings Account	\$ _____	_____	\$ _____	Checking Account
\$ _____	_____	\$ _____	Cash on Hand	\$ _____	_____	\$ _____	Safety Deposit Box
\$ _____	_____	\$ _____	Certificates of Deposit	\$ _____	_____	\$ _____	Money market funds
\$ _____	_____	\$ _____	Stocks	\$ _____	_____	\$ _____	Bonds
\$ _____	_____	\$ _____	IRA Accounts	\$ _____	_____	\$ _____	401K Accounts
\$ _____	_____	\$ _____	Keogh Accounts	\$ _____	_____	\$ _____	Trust Funds
\$ _____	_____	\$ _____	Equity in real estate	\$ _____	_____	\$ _____	Land Contracts
\$ _____	_____	\$ _____	Lump Sum Receipts	\$ _____	_____	\$ _____	Capital investments
\$ _____	_____	\$ _____	Life Insurance Policies (excluding Term)				
\$ _____	_____	\$ _____	Other Retirement/Pension Funds not named above: _____				
\$ _____	_____	\$ _____	Personal property held as an investment** : _____				
\$ _____	_____	\$ _____	Other (list): _____				

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

*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.

- 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* are included above and are equal to a total of: \$ _____ (*the difference between FMV and the amount received, for each asset on which this occurred).
- I/we have not sold or given away assets (including cash, real estate, etc.) for less than fair market value during the past two (2) years.
- I/we do not have any assets at this time.

The total net family assets (as defined in 24 CFR 5.609) are \$ _____.

HOUSEHOLD SELF CERTIFICATION OF STUDENT STATUS

All household members 18yrs or older must complete and sign this form.

Household Name: _____ Unit #: _____

FORM TO BE COMPLETED BY APPLICANTS OR TENANTS ONLY

You have applied for (or currently reside in) a rental housing unit located in a development operating under the "Low-Income Housing Tax Credit" (LIHTC) Program of Section 42 of the Internal Revenue Code. Provisions of this code require certification and/or verification of student status to assist in determining program eligibility. Please complete the following by circling your answer:

1. None of the household members are currently students, nor does any member intend to become one for any part of 5 months or more during the current or upcoming calendar years.

YES NO

If "YES", no further certification/verification is needed.

2. This household contains students, but at least one of the household members is either (a) not a student or (b) is considered to be a part-time student.

YES NO

If "YES", a Student Status/Financial Assistance Verification must be completed for each student, regardless of their status (not applicable for minor students attending K-12).

3. This household is comprised solely of full-time students, but at least one of the occupants qualifies for one (or more) of the following exceptions:

A. Two of the students are married and entitled to file a joint tax return.

YES NO

If "YES", attach a copy of the marriage certificate or most recent tax return.

B. I am a single parent who is not the dependent of someone else, whose child (or children) lives with me. Furthermore, my child (or children) is not being claimed on anyone else's tax return other than mine or the absent parent.

YES NO

If "YES", attach a copy of your most recent tax return, the tax return of the absent parent, or a copy of the divorce decree establishing custody.

C. At least one household member receives AFDC/TANF.

YES NO

D. At least one household member is enrolled in a job-training program and receiving aid under the Workforce Investment Act, or a similar job-training program funded by a local or state governmental agency.

YES NO

E. At least one household member previously received Foster Care assistance under Part B or E of Title IV of the Social Security Act (for certifications completed on or after 07/31/08).

YES NO

If "YES" is answered for C, D, or E above, third-party verification must be obtained from the appropriate agency.

I agree to notify management IMMEDIATELY if:
*Anyone in my household becomes a full-time student
*My household composition changes in any way

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. I/we agree to notify management immediately of any changes in this household's student status. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

_____ Signature	_____ Print Name	_____ Date
_____ Signature	_____ Print Name	_____ Date
_____ Signature	_____ Print Name	_____ Date
_____ Signature	_____ Print Name	_____ Date
_____ Signature	_____ Print Name	_____ Date
_____ Signature	_____ Print Name	_____ Date