



QUANTUM
REAL ESTATE MANAGEMENT, LLC
T/A QUANTUM PROPERTY MANAGEMENT

Dear Applicant(s):

Thank you for considering Savannah Apartments as your place of residency! Savannah Apartments participates in the Low Income Housing Tax Credit (LIHTC) program in order to provide affordable housing to all households that qualifies within annually determined household income limits. The following information is an application checklist in order to ensure that you're providing all of the proper documentation to ensure LIHTC program eligibility.

Prior to submitting your application, please **check** all documents that are provided:

- Identification:** Identification for all person(s) residing in the household is required. This includes birth certificates, social security cards, government issued identification cards, etc. If you have questions regarding additional options for identification, please contact the Management Office.
- Income:** ALL sources of income must be disclosed. This includes child support, alimony, Social Security benefits, pensions, unemployment benefits, gift income, etc. **All documentation must be dated within four (4) months of the application.** If you have questions regarding income inclusions and exclusions, please contact the Management Office.
- Employment:** A minimum of four (4) consecutive paystubs are required for employment with a biweekly pay calendar. If you're paid weekly, please provide six (6) consecutive paystubs. An employment verification form will also be submitted to your employer.
- Self-employment:** Federal tax returns, along with the Schedule C 1040 form, must be submitted as proof of income. If you have questions regarding additional options for self-employment verification, please contact the Management Office immediately.
- Assets:** Statements are required for all assets owned by each household member. Please see below:
 - Checking account:** Six (6) consecutive bank statements for each checking account.
 - Savings, mutual funds, stocks, CDs account(s):** One (1) **current** bank statement for each account.
 - 401K/other retirement account:** One (1) **current** statement for each retirement account and confirmation of withdrawal access.
 - Other asset(s):** Please contact the Management Office for further information regarding additional asset documentation outside of the above.

Thank you,

Marlo Brawner,

Savannah Apartments
3238 13TH St SE #102, Washington, DC 20032
O (202)561-3238 | M (240) 398-1711

EMAIL: mbrawner@savannahspts.com | **WEB:** <https://www.qpmgmt.com/properties/savannah-apartments/>



QUANTUM

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SAVANNAH APARTMENTS - PRICE SHEET

BEDROOM SIZE	2 BEDROOM(S)			PRICE	MINIMUM INCOME REQUIRED
	SQ FT	PROGRAM			
2 BEDROOM / (Floorplan 1)	730	LIHTC 50%		\$1,497.00	\$35,928.00
2 BEDROOM / (Floorplan 2)	730	LIHTC 50%		\$1,500.00	\$36,000.00
2 BEDROOM / (Floorplan 1)	730	LIHTC 60%		\$1,817.00	\$43,608.00
2 BEDROOM / (Floorplan 2)	730	LIHTC 60%		\$1,820.00	\$43,680.00
3 BEDROOM(S)					
3 BEDROOM / (Floorplan 1)	1180	LIHTC 50%		\$1,685.00	\$40,440.00
3 BEDROOM / (Floorplan 2)	1180	LIHTC 50%		\$1,688.00	\$40,512.00
3 BEDROOM / (Floorplan 1)	1180	LIHTC 60%		\$2,055.00	\$49,320.00
3 BEDROOM / (Floorplan 2)	1180	LIHTC 60%		\$2,058.00	\$49,392.00

SAVANNAH APARTMENTS - (MAXIMUM) INCOME LIMITS

*Effective 4/18/2022 - LIHTC income limits are subjected to change

LIHTC Program Type	1 person	2 person(s)	3 person(s)	4 person(s)	5 person(s)	6 person(s)
LIHTC 50%	\$49,850.00	\$56,950.00	\$64,050.00	\$71,150.00	\$76,850.00	\$82,550.00
LIHTC 60%	\$59,820.00	\$68,340.00	\$76,860.00	\$85,380.00	\$92,220.00	\$99,060.00

Savannah Apartments
 3238 13TH St SE #102, Washington, DC 20032
 O (202) 561-3238 | M (240) 398-1711
 EMAIL: mbrowner@savannahsaps.com | WEB: <https://www.qpmgmt.com/properties/savannah-apartments/>



QUANTUM
REAL ESTATE MANAGEMENT, LLC
T/A QUANTUM PROPERTY MANAGEMENT

PLEASE READ THIS FORM IN ITS ENTIRETY AND INITIAL BELOW

I, _____, acknowledge that:
(print name)

_____ Savannah Apartments is an equal housing opportunity community and does not discriminate against any persons based on race, color, religion, sex, disability, familial status, handicap, national origin or any additional protected class as defined by the state and local jurisdiction.

_____ Savannah Apartments participates in the Low Income Housing Tax Credit (LIHTC) program. This program provides housing to households with incomes that fall within a pre-determined income range. **I understand that Savannah Apartments does not provide additional housing program opportunities (Section 8 housing, HCVP, HOME, RAD, etc.)** I also understand that if I do not fall within the LIHTC program's pre-determined income ranges, then I would not qualify for the LIHTC program and would not be granted housing with Savannah Apartments*.

_____ I understand that my credit history will be submitted to Savannah Apartments through a 3rd party verification system during this application process. I also understand that a criminal background report will be obtained and considered by Savannah Apartments ONLY after making a conditional offer per my credit history report.

_____ Savannah Apartments require a \$40 non-refundable application fee per adult household member.

_____ The standard security deposit is equal to one month's rent.

_____ All sources of my income, assets, and previous landlord information must be disclosed throughout the application process. I understand that if I'm unable to disclose this information, my application would be deemed as "incomplete" and my application would be cancelled.

SAVANNAH STREET APARTMENTS
 3238 13TH STREET SE #102
 WASHINGTON, DC 20032
 PHONE (202) 561-3238
 TTY 711

MANAGING AGENT:
 QUANTUM REAL ESTATE MANAGEMENT, LLC
 5101 RIVER ROAD SUITE 101
 BETHESDA, MD 20816
 301-941-8040
 WWW.QPMGMT.COM

APPLICATION FOR RESIDENCY
PLEASE PRINT

APARTMENT SIZE 2BR: _____ 3BR: _____

Any applicant who purposefully falsifies, misrepresents or withholds any information related to program eligibility or submits inaccurate and/or incomplete information on this application or during the interview may be rejected for housing. All questions must be answered; for those questions that do not apply the applicant is required to indicate so by answering "not applicable" or "N/A".

I would like to receive a copy of the owner/agents resident selection criteria. Yes No
 If yes, which option do you prefer? Paper Copy Electronic Copy (provide email below)

Full Name <i>Applicant/Head</i>		Full Name <i>Co-Applicant</i>	
Home Phone		Home Phone	
Work Phone		Work Phone	
Cell Phone		Cell Phone	
E-Mail		E-Mail	

Emergency Contact

Contact Name	
Home Phone	
Work Phone	
Cell Phone	
E-Mail	

List all individuals, including yourself, who will occupy the unit.

	Relation (i.e. Head, *Co-head, *Spouse, Child, Other adult, Foster adult/child, Live-in Aide**)	Last Name	First Name + Middle Initial	Sex (M/F)	Social Security Number REQUIRED	Birthdate (mm/dd/yy)	Student (Y/N)
1.	HEAD						
2.							
3.							
4.							
5.							
6.							

**You may indicate one co-head or one spouse but not both. You are not required to have a co-head or spouse.
 **Live in aides complete a different application and must be approved before move in.*

Additional Information

- | | | |
|--------------------------|--------------------------|--|
| Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | Does your household have any needs that might be better served by an apartment which is accessible to persons with mobility, hearing or visual impairments? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you or anyone else in your household qualify for housing because of a handicap or disability? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you plan to house an animal in the unit? If yes, is this animal required to alleviate the symptom(s) of a disability for a household member? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> | <input type="checkbox"/> | Will anyone else live in the unit on either a full-time or part-time basis? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have sole legal and physical custody of your children? If no explain: |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you now living or have you lived in a government-subsidized development? If yes, when: _____ |
| | | Name of Development: _____ |
| | | Address: _____ State: _____ Zip: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Has your housing assistance ever been terminated for fraud, non-payment of rent or utilities, failure to cooperate with recertification procedures, for drug-related criminal activity or for any other reason? If yes, explain: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever filed for Bankruptcy? If yes, date discharged _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been evicted? |

____ Applicant Initial

If you believe you have been discriminated against, you may call the Fair Housing and Equal Housing Opportunity National Toll-Free Hotline at 800-424-8590.

- If yes, explain _____
- Were you ever asked to allow or participate in extermination of pests other than regularly scheduled pest control? (*includes roaches, bed bugs, rodents, etc.*)
 - Have you or any member of your household ever been arrested or convicted of a felony, or a misdemeanor other than a traffic violation?
 - Are you or any member of your household subject to a lifetime registration under the State sex offender registration program?
 - Do you or any member of your household have a pattern of alcohol abuse that would interfere with the health, safety or right to peaceful enjoyment of the premises by other tenants?
 - Do you or any member of your household use an illegal drug or other illegal controlled substance?
 - Have you or any member of your household ever been arrested or convicted of the illegal distribution or manufacture of an illegal drug or other controlled substance?
 - Are you enlisted in the U.S. Military or are you a veteran of the U.S. Military?
 - Are you a victim of a recent presidentially-declared disaster?
 - Have you or any member of your household ever used different names from the names given in this application?
 - Have you or any member of your household ever used social security numbers different from those listed in this application?
 - Have you or any member of your household lived in any other state beside your current state of residence? _____

Current Housing Status

Are you currently homeless? Yes No *If yes, please skip to "Previous Housing."*

Address _____ City _____ State _____ Zip _____

Name of Landlord _____ Phone# _____

Landlord's Address _____

How long have you resided at your current address? From _____ To _____

Previous Housing

If less than 2 years provide additional information on an additional sheet.

Address _____ City _____ State _____ Zip _____

Name of Landlord _____ Phone# _____

Landlord's Address _____

How long did you reside at this address? From _____ To _____

Have you or a member of your household ever lived at this or any other Quantum-managed property? _____ Yes _____ No

If "YES," which property? _____

How did you hear about our apartment communities? _____ newspaper _____ apartment guide _____ friend/family _____ other

HOUSEHOLD EMPLOYMENT INFORMATION
(Use additional sheets if necessary)

Household Member: _____

Are you employed? Yes No If yes, please provide the name and address of your present employer below.

Employer Name		
Address		
City, State, Zip		
Phone/Fax/Email		
How much employment income do you expect to receive in the next 12 months?		\$

Do you have more than one job? Yes _____ No _____ If "yes", list on separate sheet.

Household Member: _____

Are you employed? Yes No If yes, please provide the name and address of your present employer below.

Employer Name		
Address		
City, State, Zip		
Phone/Fax/Email		
How much employment income do you expect to receive in the next 12 months?		\$

Do you have more than one job? Yes _____ No _____ If "yes", list on separate sheet.

Please include employment information for any other household members currently employed on a separate sheet.

_____ Applicant Initial

HOUSEHOLD INCOME INFORMATION - (All information will be verified by a third party)

For each household member (including family members temporarily absent), list current and anticipated income for twelve-month period commencing on anticipated date of occupancy. Include all full-time, part-time and seasonal. If a household member has more than one source of income, use a separate line for each source.

DO YOU RECEIVE OR EXPECT TO RECEIVE:	Yes	No	Monthly Amount
1. Wages, salaries, (includes overtime, tips, bonuses, commissions, self-employment)?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
2. Does any member work for someone who pays them in cash?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
3. Regular pay for a member of the armed forces?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
4. Welfare or disability benefits (Examples: MFIP, SSI, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
5. Worker's compensation?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
6. Unemployment benefits, or severance pay?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
7. Child support? (If court ordered, include even if it is not being received)	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
8. Alimony?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
9. Social Security payments (include unearned income of minor children)?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
10. Pensions (PERA, railroad, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
11. Retirement benefits?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
12. Death benefits?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
13. Annuities or life insurance dividends?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
14. Lump sum payment(s) (i.e., inheritance, insurance settlements, lottery winnings, capital gains)?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
15. Net income from rental property?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
16. Regular cash contributions or gifts from individuals not living in the unit?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
17. Any assistance in paying your utility bills other than through HHS (LEAP)?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
18. Other (list)? _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____

HOUSEHOLD ASSETS - (All information will be verified)

DO YOU HAVE MONEY HELD IN:	Yes	No	Current Balance		Yes	No	Current Balance
1. Checking Accounts	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	9. 401K*	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
2. Savings Accounts	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	10. IRA/KEOGH Accounts	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
3. Stocks	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	11. Certificate of Deposits	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
4. Capital Investments	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	12. Pension/Retirement Funds	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
5. Bonds/Securities	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	13. Money Market Funds	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
6. Trusts*	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	14. Treasury Bills	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
7. Whole Life Insurance Policies	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	15. Safety Deposit Box	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
8. Insurance Settlements	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	16. Other _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____

* Include Trusts, 401K, etc., only if the accounts are accessible to the household prior to termination of employment, retirement, or death.

	Yes	No	Value
17. Do you own Real Estate? If Yes, list address(es), expenses paid and income received: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
18. Do you hold a contract for deed?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
19. Do you have any burial plots, coin collections, antique cars, gems/jewelry, stamps or any other items held as an investment (wedding rings and other personal jewelry do not count)?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
20. What assets are held jointly with another person? List person and asset(s). _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____

List below all items from above that were checked "YES"

# from Above	Name of company, financial institution or source	Mailing address of company, financial institution or source	Phone Number of company, financial institution or source

I/We hereby certify that I/we have ___ have not ___ sold or disposed of any assets for less than Fair Market Value during the two year (24 month) preceding the date of this application. Any assets sold or disposed of for less than Fair Market Value are identified below.

____ Applicant Initial

Household Member	Asset & Estimated Amount	Date sold/disposed	Amount Received
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

Important- Please Read Carefully

APPLICANT(S) STATEMENT: I understand that any or all of the information given herein may be used by the Landlord and/or its Agent to determine my previous performance as a tenant, including my reputation for meeting my financial obligations, my respect for other people's property and any other conduct relevant to my tenancy. I hereby authorize any present or former landlord to give any information he/she may have regarding me in my capacity as a tenant. Further I hereby release such landlord and his representatives or agents from any and all liability for any damage or injury whatsoever for providing same.

The undersigned persons(s) represent that all of the above statements are true and complete and hereby authorize verification through consumer reports, rental history, employment, criminal reports, and any other means necessary to obtain information shall entitle owner to (1) reject application, (2) retain application as liquidated damages for the time and expense of processing this application and (3) terminate applicant's right of occupancy. Owner reserves the right to regularly and routinely furnish information to consumer reporting agencies about lease obligation performance, which may include both favorable and unfavorable information. Cost of said credit report (if any) is to be paid by the agency asking for this report.

The truth of the information contained herein is essential and if the Landlord and/or Agent determine that any answer or statement contained herein is false, misleading, or incomplete, any lease granted by virtue of this application may be canceled at the option of the Landlord and/or Agent. This application shall become part of any lease agreement executed between the Landlord and/or Agent and the applicant(s) and any false or misleading statement shall be considered a breach of said lease.

If my/our application is approved, and move-in occurs, I/we certify that only those persons listed in this application will occupy the unit, that it will be my/our only residence, and that there are no other persons for whom I/we have, or expect to have, responsibility to provide housing.

I/We agree to notify management in writing regarding any changes in household address, telephone numbers, income and household composition.

All adult members of the household (anyone 18 years of age or older) must sign this application certifying the information pertaining to them is true and correct.

Warning: Under Section 1001 of Title 10 of the U.S. Code, it is a criminal offense to make willful false statements or misrepresentation of any material fact involving the use or obtaining of Federal funds.

Signature of Head of Household Date

Signature of Other Adult Date

Signature of Other Adult Date

Signature of Other Adult Date

Signature of Other Adult Date

Signature of Other Adult Date

PENALTIES FOR MISUSING THIS CONSENT:

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). **



This property does not discriminate on the basis of disabled status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.



FOR OFFICE USE ONLY:

Received By: _____

Time: _____ Date _____

Placed on waiting list by: _____

_____ Applicant Initial

TENANT RELEASE AND CONSENT

I/We _____, the undersigned hereby authorize all persons or companies in the categories listed below to release information regarding employment, income and/or assets for purposes of verifying information on my/our apartment rental application. I/We authorize release of information without liability to the owner/manager of the apartment community listed below and/or the State and Local Agencies/Department's service provider.

INFORMATION COVERED

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquires that may be requested include, but are not limited to: personal identity, student status, employment, income assets, medical or child care allowances. I/We understand that this authorization cannot be used to obtain 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:

Past and Present Employers	Welfare Agencies	Veterans Administrations
Support and Alimony Providers	Educational Institutions	Retirement Systems
State Unemployment Agencies	Social Security Administration	Medical and Child Care
Banks and other Financial	Previous Landlords (including	Providers
Institutions	Public Housing Agencies)	

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. **Everyone 18 years or age and older must sign this form.**

SIGNATURES

Signature of Applicant/Resident	Printed Applicant/Resident Name	Date
Signature of CO/Applicant Resident	Printed Co/Applicant/Resident Name	Date
Signature of Adult Member	Printed Adult Member Name	Date
Signature of Adult Member	Printed Adult Member Name	Date
<u>Savannah Apartments</u> Apartment Community Name	<u>Marlo Brawner</u> Contact	<u>202-561-3238</u> Phone

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF A TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.

PART IX. SUPPLEMENTAL INFORMATION FORM

The District of Columbia Department of Housing & Community Development(DC DHCD) requests the following information in order to comply with the Housing and Economic Recovery Act (HERA) of 2008, which requires all Low Income Housing Tax Credit (LIHTC) properties to collect and submit to the U.S. Department of Housing and Urban Development (HUD), certain demographic and economic information on tenants residing in LIHTC financed properties. Although the DC DHCD would appreciate receiving this information, you may choose not to furnish it. You will not be discriminated against on the basis of this information, or on whether or not you choose to furnish it. If you do not wish to furnish this information, please check the box at the bottom of the page and initial.

Enter both Ethnicity and Race codes for each household member (see below for codes).

TENANT DEMOGRAPHIC PROFILE						
HH Mbr #	Last Name	First Name	Middle Initial	Race	Ethnicity	Disabled
1						
2						
3						
4						
5						
6						
7						

The Following Race Codes should be used:

- 1 – White – A person having origins in any of the original people of Europe, the Middle East or North Africa.
- 2 – Black/African American – A person having origins in any of the black racial groups of Africa. Terms such as “Haitian” or “Negro” apply to this category.
- 3 – American Indian/Alaska Native – A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- 4 – Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- 5 – Native Hawaiian/Other Pacific Islander – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- 6 – Other
- 7 – Did not respond. **(Please initial below)**

Note: Multiple racial categories may be indicated as such: 31 – American Indian/Alaska Native & White, 41 – Asian & White, etc.

The Following Ethnicity Codes should be used:

- 1 – Hispanic – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. Terms such as “Latino” or “Spanish Origin” apply to this category.
- 2 – Not Hispanic – A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- 3 - Did not respond. **(Please initial below)**

Disability Status:

- 1 – Yes
If any member of the household is disabled according to Fair Housing Act definition for handicap (disability):
 - A physical or mental impairment which substantially limits one or more major life activities: a record of such an impairment or being regarded as having such an impairment. For a definition of “physical or mental impairment” and other terms used, please see 24 CFR 100.201, available at http://www.fairhousing.com/index.cfm?method=page.display&pagename=regs_fhr_100-201.
 - “Handicap” does not include current, illegal use of or addiction to a controlled substance.
 - An individual shall not be considered to have a handicap solely because that individual is a transvestite.
- 2 – No
- 3 – Did not respond **(Please initial below)**

Resident/Applicant: I do not wish to furnish information regarding ethnicity, race and other household composition.

(Initials) _____
 (HH#) 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____

STUDENT STATUS AFFIDAVIT
(LIHTC or Tax Exempt Bond Compliance Period)

Applicant/Tenant Name: _____
Address: _____

Completed For: (check one)

Move-in; effective date: _____
 Annual recertification; effective date: _____

Will all of the persons in your household be or have been full-time students during five calendar months of the certification year? Yes No

If YES, then is anyone in your household:

- A student and receiving AFDC/TANF? Yes No
- A student who was previously in a foster care program under Part B or Part E of title IV of the Social Security Act? Yes No
- A student enrolled in a job training program funded under the Workforce Investment Act or similar federal, state or local program? Yes No
- A single parent living with his/her minor children and such parent is not a dependent (as defined in Section 152) and whose children are not dependants of another individual other than a parent? Yes No
- Married and file a joint return Yes No
- Has the person attended school full-time during any part of 5 months of this calendar year? Yes No
- Months/year attended full time ___/___/___ to ___/___/___

I agree to notify management immediately if my student status changes. I understand that changes in student status may affect my eligibility to participate in this Program.

I hereby certify under penalty of perjury that the information provided above is accurate and complete to the best of my knowledge. I consent to release such information in order to comply with Program regulations. I understand that providing false or misleading information may subject me to criminal penalties.

(Signature of Tenant)	Date
(Signature of Co-Tenant)	Date
(Signature of Co-Tenant)	Date
(Signature of Co-Tenant)	Date
(Signature of Manager)	Date



UNDER \$5,000 ASSET CERTIFICATION

For households whose combined net assets do not exceed \$5,000.
Complete only one form per household; include assets of children.

Head of Household Name: _____ Unit No.: _____

Development Name and Address: _____

Complete all that apply for 1 through 4:

1. My/our assets include (enter n/a in (A) if you do not own the respective asset):

	(A) Cash Value*	(B) Int. Rate	(A*B) Annual Income		(A) Cash Value*	(B) Int. Rate	(A*B) Annual Income
Savings Account(s)	\$ _____	%	\$ _____	Checking Account(s)***	\$ _____	%	\$ _____
Cash on Hand	\$ _____	N/AP	N/AP	Government Benefits****	\$ _____	%	\$ _____
Certificates of Deposit	\$ _____	%	\$ _____	Money Market Funds	\$ _____	%	\$ _____
Stocks	\$ _____	%	\$ _____	Bonds	\$ _____	%	\$ _____
IRA Account(s)	\$ _____	%	\$ _____	401(k)/403(b) Account(s)	\$ _____	%	\$ _____
Keogh Account(s)	\$ _____	%	\$ _____	Trust Funds	\$ _____	%	\$ _____
Equity in Real Estate	\$ _____	%	\$ _____	Land Contracts	\$ _____	%	\$ _____
Lump Sum Receipts	\$ _____	%	\$ _____	Capital Investments	\$ _____	%	\$ _____
Bitcoin/ Cryptocurrency	\$ _____	%	\$ _____	GoFundMe/Crowdsourcing	\$ _____	%	\$ _____
Life Insurance (Excluding Term)	\$ _____	%	\$ _____				
Other Retirement/Pension Funds not named above:	\$ _____	%	\$ _____	Explanation _____			
Personal Property Held as an Investment**	\$ _____	%	\$ _____	Explanation _____			
Other (list):	\$ _____	%	\$ _____	Explanation _____			

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 persons with disabilities.
- ***Checking Account cash value should be the average in the checking account over the last six (6) months
- ****Cash Card Account used to receive government benefits or other income.

(Check either box 2 or box 3 below, not both)

- 2. 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 fair market value (FMV). Those amounts equal a total of: \$_____ (enter the difference between FMV and the amount you received).
- 3. 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.
- 4. I/we do not have any assets at this time (do not check this box if you have entered any numbers in section 1, above).

The net family assets (as defined in 24 CFR 813.102) above do not exceed \$5,000, and the annual income from the net family assets is \$_____ (enter the total of all (A*B) Annual Income in section 1 above). This amount is included in 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.

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

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