

SWORN STATEMENT OF ANTICIPATED INCOME AND ASSETS

(To be completed by ALL household members 18 years or older)

Unit# _____ Name _____
Date of Birth _____ Social Security _____ - _____ - _____ Marital Status _____
Name & birth dates of all other Unit Occupants _____

PLEASE CHECK YES OR NO FOR EACH ITEM. IF YES, INCLUDE ALL ANTICIPATED INCOME FOR THE NEXT 12 MONTHS. IF NO, ZEROES MUST BE FILLED IN ON ALL BLANKS TO THE RIGHT.

INCOME

- | | YES | NO | |
|----|--------------------------|--------------------------|--|
| 1 | <input type="checkbox"/> | <input type="checkbox"/> | Are you employed or do you anticipate becoming employed in the next 12 months (not self employment)?
\$ _____ a. Annual employment income
\$ _____ b. Annual overtime income
\$ _____ c. Annual bonus income
\$ _____ d. Annual commission income
\$ _____ e. Annual tip income |
| 2 | <input type="checkbox"/> | <input type="checkbox"/> | Are you presently or do you anticipate being employed at more than one job (not self employment)?
\$ _____ a. Annual employment income
\$ _____ b. Annual overtime income
\$ _____ c. Annual bonus income
\$ _____ d. Annual commission income
\$ _____ e. Annual tip income |
| 3 | <input type="checkbox"/> | <input type="checkbox"/> | Are you or do you anticipate being self employed? (tax return and business records required)
\$ _____ Annual net business income |
| 4 | <input type="checkbox"/> | <input type="checkbox"/> | Are you or do you anticipate being a member of the Armed Forces (Active, National Guard, or Reserve)?
\$ _____ Annual income (all pay and allowances excluding "hostile fire pay") |
| 5 | <input type="checkbox"/> | <input type="checkbox"/> | Do you currently receive or do you anticipate receiving unemployment benefits?
\$ _____ Weekly income |
| 6 | <input type="checkbox"/> | <input type="checkbox"/> | a. Are you legally entitled to receive child support?
\$ _____ Monthly income |
| | <input type="checkbox"/> | <input type="checkbox"/> | b. Are you currently or do you anticipate receiving child support during the next 12 months?
\$ _____ Monthly income |
| | | | c. How is the support received? (check all that apply) |
| | | | <input type="checkbox"/> Child Support Enforcement Agency Name of Agency _____ |
| | | | <input type="checkbox"/> Court of Law/D. A.'s office Name of Court _____ |
| | | | <input type="checkbox"/> Directly from individual Name of Person _____ |
| | | | <input type="checkbox"/> Other Explain _____ |
| | <input type="checkbox"/> | <input type="checkbox"/> | d. If money is not actually received, are you taking legal action to remedy? (documentation required) |
| 7 | <input type="checkbox"/> | <input type="checkbox"/> | a. Are you receiving alimony?
\$ _____ monthly income |
| | <input type="checkbox"/> | <input type="checkbox"/> | b. If you are not receiving alimony, are you entitled to?
Do you anticipate receiving in next 12 months?
\$ _____ monthly income |
| 8 | <input type="checkbox"/> | <input type="checkbox"/> | Are you or do you anticipate receiving TANF or public assistance? (not food stamps)
\$ _____ monthly income |
| 9 | <input type="checkbox"/> | <input type="checkbox"/> | Are you or do you anticipate receiving Social Security income?
\$ _____ monthly income (includes amounts received on behalf of minors) |
| 10 | <input type="checkbox"/> | <input type="checkbox"/> | Are you or do you anticipate receiving supplemental social security income (SSI)?
\$ _____ monthly income (includes amounts received on behalf of minors) |
| 11 | <input type="checkbox"/> | <input type="checkbox"/> | Are you or do you anticipate receiving worker's compensation?
\$ _____ monthly income |

Unit# _____ Name _____

- | | YES | NO | |
|----|--------------------------|--------------------------|--|
| 12 | <input type="checkbox"/> | <input type="checkbox"/> | Are you or do you anticipate receiving money regularly from family, friends, church, etc.?
\$ _____ monthly income |
| 13 | <input type="checkbox"/> | <input type="checkbox"/> | Are you or do you anticipate receiving regular payments for a pension/annuity/retirement fund?
\$ _____ monthly income |
| 14 | <input type="checkbox"/> | <input type="checkbox"/> | Are you or do you anticipate receiving Veteran's Benefits? (do not include GI Bill educational benefits)
\$ _____ monthly income |
| 15 | <input type="checkbox"/> | <input type="checkbox"/> | Are you or do you anticipate receiving income from any type of settlement or from lottery winnings?
\$ _____ monthly income |
| 16 | <input type="checkbox"/> | <input type="checkbox"/> | Are you or do you anticipate receiving any OTHER form of regular periodic income?
\$ _____ Frequency (weekly, monthly, etc.)
Describe type of income _____ |

ASSET

- | | | | |
|----|--------------------------|--------------------------|--|
| 17 | <input type="checkbox"/> | <input type="checkbox"/> | Are assets held in the name of any other person(s) not living in your household? (if yes, include below) |
| 18 | <input type="checkbox"/> | <input type="checkbox"/> | Do you have a checking account?
\$ _____ Current value of account(s) Number of accounts _____
\$ _____ Earned annual interest |
| 19 | <input type="checkbox"/> | <input type="checkbox"/> | Do you have a savings account(s)?
\$ _____ Current value of account(s) Number of accounts _____
\$ _____ Earned annual interest |
| 20 | <input type="checkbox"/> | <input type="checkbox"/> | Do you have a money market account(s)?
\$ _____ Current value of account(s) Number of accounts _____
\$ _____ Earned annual interest or dividend amount |
| 21 | <input type="checkbox"/> | <input type="checkbox"/> | Do you have mutual funds?
\$ _____ Current value of account(s) Number of accounts _____
\$ _____ Earned annual interest or dividend amount |
| 22 | <input type="checkbox"/> | <input type="checkbox"/> | Do you own a certificate of deposit(s) (CD's)?
\$ _____ Current value of account(s) Number of accounts _____
\$ _____ Earned annual interest |
| 23 | <input type="checkbox"/> | <input type="checkbox"/> | Do you have a whole life or universal life insurance policy? (Do not include term life insurance)
\$ _____ Cash surrender value |
| 24 | <input type="checkbox"/> | <input type="checkbox"/> | Do you have a trust fund(s)? Revocable or irrevocable?
\$ _____ Current value of account Number of funds _____
\$ _____ Earned annual interest, dividend, or monthly dispersement if no access |
| 25 | <input type="checkbox"/> | <input type="checkbox"/> | Do you have a pension/retirement account(s)? Include only funds that are accessible without retiring or terminating employment.
\$ _____ Current value of account(s) Number of accounts _____
\$ _____ Earned annual interest or dividend |
| 26 | <input type="checkbox"/> | <input type="checkbox"/> | Do you have any stocks/bonds (not held in a retirement plan)?
\$ _____ Current value of account(s) Number of accounts _____
\$ _____ Earned annual interest or dividend |
| 27 | <input type="checkbox"/> | <input type="checkbox"/> | Do you have an IRA, Roth IRA, or Keogh?
\$ _____ Current value of account(s) Number of accounts _____
\$ _____ Earned annual interest or dividend |
| 28 | <input type="checkbox"/> | <input type="checkbox"/> | Do you own any Treasury Bills?
\$ _____ Current value
\$ _____ Earned annual interest or dividend |
| 29 | <input type="checkbox"/> | <input type="checkbox"/> | Do you receive rental income or have you sold a home or loaned money on contract?
\$ _____ Current value (or current contract amount)
\$ _____ Net income from schedule C or annual interest portion of contract payment |

Unit# _____ Name _____

PLEASE CHECK YES OR NO FOR EACH ITEM. IF YES, INCLUDE ALL INCOME ANTICIPATED FOR THE NEXT 12 MONTHS. IF NO, PLACE ZEROES OR N/A IN ALL BLANKS TO THE RIGHT.

- | | YES | NO | |
|----|--------------------------|--------------------------|---|
| 30 | <input type="checkbox"/> | <input type="checkbox"/> | Have you owned or sold any real estate in the past two years?
\$ _____ Value of property
\$ _____ Principal mortgage balance |
| 31 | <input type="checkbox"/> | <input type="checkbox"/> | Have you disposed of any asset(s) within the past two years for less than fair market value?
\$ _____ a. Fair Market Value of Asset(s) at time of disposition
\$ _____ b. Actual proceeds from the disposition of asset(s)
\$ _____ c. Subtract (b) from (a) (if greater than \$1,000 include as an asset) |
| 32 | <input type="checkbox"/> | <input type="checkbox"/> | Do you own any personal property held strictly as an investment asset? (art, coins, etc.)
\$ _____ Current value |
| 33 | <input type="checkbox"/> | <input type="checkbox"/> | Are you currently attending or planning to attend school?
_____ Full time for 5 or more months of the upcoming year
_____ Part time |

IF YES TO # 33, PLEASE CONTINUE. IF NO TO # 33, PLEASE STOP HERE.

- | | | | |
|----|--------------------------|--------------------------|--|
| 34 | <input type="checkbox"/> | <input type="checkbox"/> | Are you married to a full-time student?
<input type="checkbox"/> a. did you file a joint tax return last year?
<input type="checkbox"/> b. do you plan to file a joint tax return this year? |
| 35 | <input type="checkbox"/> | <input type="checkbox"/> | Are you a single parent with minor children?
<input type="checkbox"/> a. are you or any of your children currently being claimed as a dependent on another person's tax return?
<input type="checkbox"/> b. Will you or any of your children be claimed as a dependent on another person's tax return in the next 12 months? |
| 36 | <input type="checkbox"/> | <input type="checkbox"/> | Are you enrolled in and receiving assistant under the Job Training Partnership Act or a similar program? |
| 37 | <input type="checkbox"/> | <input type="checkbox"/> | Are all household members (including minors) full-time students? |

I understand that the Landlord is relying on this information in filing Federal Tax Returns and that a state agency and the Internal Revenue Service may review this information to determine my eligibility to reside in housing provided under the Low Income Housing Tax Credit Program. Further, I understand that it is a criminal offense to willfully make a false statement or misrepresentation to any department or agency of the United States as to any matter within its jurisdiction and that if any material misrepresentation is made, I could be subject to prosecution and/or my application will be denied and/or my tenancy terminated. I hereby swear to the best of my knowledge that the above information is true and complete as of the date below and I authorize the landlord to make inquiries to verify statements herein.

Signature _____

Date _____

Siganture _____

Date _____

CONSENT FOR AUTHORIZATION FOR RELEASE OF INFORMATION

I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to Landlord and/or its management agents any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under the Housing Choice Voucher; Fairfax County Rental, Public Housing, and/or other housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

I also consent for HUD or the Public Housing Authority (PHA) to release information from my file about my rental history to HUD, credit bureaus, collection agencies and future landlords. This includes records on my payment history, and any violation of my lease or PHA policies.

INFORMATION COVERED

I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verification and inquiries that may be requested include but are not limited to: Identity and Marital Status, Employment, income and Assets, Residences and Rental Activity, Credit and Criminal Activity and Medical or Child Care Allowances.

Any information provided to and obtained by any employee of HCD or its management agent may be reviewed for relevance to eligibility status. I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information (depending on program requirements) includes but not limited to:

Previous Landlords (including Public Housing Agencies) Post Offices Courts, Probation and Parole Law Enforcement Agencies Support and Alimony Providers Coordinated Services Planning	Past and Present Employers Welfare Agencies State Unemployment Agencies Social Security Administration Medical and Child Care Providers Educational Institutions Family Services	Veterans Administration Retirement Systems Banks and other Financial Institutions Credit Providers and Credit Bureaus Utility Companies Other service providers (cell phone, cable, etc.)
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COMPUTER MATCHING NOTICE AND CONSENT

I understand and agree that HUD or the PHA may conduct computer matching programs to verify the information supplied for my application or recertification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove incorrect information. HUD or the PHA may in the course of its duties exchange such automated information with other Federal, State, or local agencies, including but not limited to: State Employment Security Agencies, Department of Defense, Office of Personnel Management, the U.S. Postal Service, the Social Security Agency, and State and local welfare and food stamp agencies.

CONDITIONS

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file with PHA and will stay in effect for thirty-six (36) months from the date signed. I understand I have a right to review my file and correct any information that I can prove is incorrect.

SIGNATURES: NOTE: This release information form 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 tax form" must be prepared and signed separately.

_____	_____	_____
Head of Household – signature	(Print Name)	Date
_____	_____	_____
Adult Member – signature	(Print Name)	Date
_____	_____	_____
Adult Member – signature	(Print Name)	Date
_____	_____	_____
Adult Member – signature	(Print Name)	Date

ANNUAL STUDENT CERTIFICATION

Effective Date: _____ Move-in Date: _____ <div style="text-align: center; font-size: small;">(MM/DD/YYYY)</div>

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: _____
 _____ 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). Verification of part time student status is required for at least one occupant.

- C. _____ Household contains all FULL TIME students for five months or more out of the current and/or upcoming calendar year (months need not be consecutive). If this item is checked, questions 1-5, below must be completed:

1.	Are the students married and entitled to file a joint tax return? (attach marriage certificate or tax return)	YES	NO
2.	Are all adults single parents <i>and</i> neither they nor any of their children is a dependent of a third party except that the child(ren) may be claimed by the absent parent? (attach student's and if applicable, divorce/custody decree or other parent's most recent tax return)	YES	NO
3.	Is at least one student receiving Temporary Assistance to Needy Families (TANF), (provide release of information for verification purposes)	YES	NO
4.	Does at least one student participate in a program receiving assistance under the Job Training Partnership Act, Workforce Investment Act, or under other similar, federal, state or local laws? (attach verification of participation)	YES	NO
5.	Does the household consist of at least one student who was previously under foster care? (provide verification of participation)	YES	NO

*Full-time student households that are income eligible and satisfy one or more of the above conditions are considered eligible. If questions 1-5 are marked **NO**, or verification does not support the exception indicated, the household is considered an ineligible student household. Under penalties of perjury, I/we certify that the information presented in this Annual Student Certification is true and accurate to the best of my/our knowledge and belief. I/we agree to notify management immediately of any changes in this household's student status. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of the lease agreement.*

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

Signature	(Date)	Signature	(Date)
Signature	(Date)	Signature	(Date)