



## Alltrade Property Management Rental Application – Tax Credit Properties

Thank you for your interest in renting from Alltrade! We look forward to providing you with quality affordable housing. Please see below for a few important details about our standard tax credit application process.

The following steps are required before your application can be considered complete and processed:

1. Applicant(s) provides Alltrade with a copy of **(6) six consecutive paycheck stubs**
2. Applicant(s) provides Alltrade with **(6) six consecutive bank statements**.
3. Applicant(s) provides Alltrade with **award letter(s) for** ( Social Security, SSI,etc.) can not be more than 90 days old.
3. Applicant(s) provides Alltrade with **picture identification for all persons over the age of 18**
4. Applicant(s) provides Alltrade with **social security card(s) for all Household members**
5. Applicant(s) **signs and submits** application
6. Applicant(s) **pays the non-refundable application fee** (\$11.70 per applicant)
  - a. Applicant(s) may pay applicant fee in the form of a money order or certified funds made out to the legal property owner.
  - b. Applicant(s) may pay application fee over the phone or in person at an Alltrade office by credit card or ACH. Please note the ACH payments are free to the applicant and have instant approval while credit card payments have a 3.5% processing fee and delay the screening process up to 72 hours to ensure funds clear.

If you have any questions at all about the application process, please contact the Alltrade corporate office at 502-562-1985 and an Alltrade team member will be happy to assist you.

### APPLICANT PERSONAL INFORMATION (all fields are required):

Property/Unit Applying for: \_\_\_\_\_

Apartment size preference: \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

Were you referred to Alltrade by a current resident or community agency? YES NO

If yes, please list the name of the person or agency that referred you: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Gender: Male Female Genderqueer/non-binary Do not wish to disclose

Current Street Address (city, state, zip): \_\_\_\_\_

Marital Status: Single Married Divorced Separated

Have you ever used another name? YES NO If yes, please indicate name: \_\_\_\_\_

Date of Birth (mm/dd/yyyy): \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Driver's License #: \_\_\_\_\_



HOUSEHOLD MEMBER INFORMATION

Do you have a co-applicant, occupancy, or cosigner/guarantor to add to this application? YES NO

Anticipated change in family/occupancy size? YES NO

Anticipated change in number of students? YES NO

If no, please move to the "Anticipated Income" section of the application.

If yes, please provide the requested information for anyone else that will occupy the unit with you. Anyone over the age of 18 should be classified as a "Co-Applicant" and must be screened, and anyone under the age of 18 should be classified as an "Occupant" in the "Applicant Type" field.

Other Applicant 1

Please add additional applicant, occupant, or co-signer information below. Please write N/A if not applicable.

Applicant Type/Relation to Applicant: Co-Applicant (over 18) Occupant (under 18) Co-signer/Guarantor

First Name: Middle: Last:

Date of Birth (mm/dd/yyyy): Social Security Number:

Gender: Male Female Genderqueer/non-binary Do not wish to disclose

Full-Time Student? YES NO Primary Phone:

Email: Driver's License #:

Other Applicant 2

Please add additional applicant, occupant, or co-signer information below. Please write N/A if not applicable.

Applicant Type/Relation to Applicant: Co-Applicant (over 18) Occupant (under 18) Co-signer/Guarantor

First Name: Middle: Last:

Date of Birth (mm/dd/yyyy): Social Security Number:

Gender: Male Female Genderqueer/non-binary Do not wish to disclose

Full-Time Student? YES NO Primary Phone:

Email: Driver's License #:

Other Applicant 3

Please add additional applicant, occupant, or co-signer information below. Please write N/A if not applicable.

Applicant Type/Relation to Applicant: Co-Applicant (over 18) Occupant (under 18) Co-signer/Guarantor

First Name: Middle: Last:

Date of Birth (mm/dd/yyyy): Social Security Number:





Gender: Male Female Genderqueer/non-binary Do not wish to disclose

Full-Time Student? YES NO Primary Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Other Applicant 4

Please add additional applicant, occupant, or co-signer information below. Please write N/A if not applicable.

Applicant Type/Relation to Applicant: Co-Applicant (over 18) Occupant (under 18) Co-signer/Guarantor

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Date of Birth (mm/dd/yyyy): \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Gender: Male Female Genderqueer/non-binary Do not wish to disclose

Full-Time Student? YES NO Primary Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Other Applicant 5

Please add additional applicant, occupant, or co-signer information below. Please write N/A if not applicable.

Applicant Type/Relation to Applicant: Co-Applicant (over 18) Occupant (under 18) Co-signer/Guarantor

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Date of Birth (mm/dd/yyyy): \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Gender: Male Female Genderqueer/non-binary Do not wish to disclose

Full-Time Student? YES NO Primary Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

**ANTICIPATED INCOME**

Please detail the present employment and other income received by all household members. Please write N/A if a particular question is not applicable.

Applicant Current Employment/Income

Source of Income/Employer: \_\_\_\_\_ Current Occupation/Position: \_\_\_\_\_

Employer Address (city, state, zip): \_\_\_\_\_ Start Date: \_\_\_\_\_

Monthly Gross Income: \_\_\_\_\_ Monthly Net Income: \_\_\_\_\_

Supervisor/Contact: \_\_\_\_\_ Contact Phone: \_\_\_\_\_



\*Please remember to submit your (3) most current paystubs and/or other income documents alongside this application.

Other Applicant Employment/Income

Does any member of the household have no income?    YES    NO

If yes, list adult member(s) with no income: \_\_\_\_\_

Does anyone help you pay your bills?    YES    NO

If yes, please list source \_\_\_\_\_

Do any other household members/co-applicants have income to report?    YES    NO

If yes, please complete information below. If no, please move to "Additional Income Information."

Other Applicant 1

Source of Income/Employer: \_\_\_\_\_ Current Occupation/Position: \_\_\_\_\_

Employer Address (city, state, zip): \_\_\_\_\_ Start Date: \_\_\_\_\_

Monthly Gross Income: \_\_\_\_\_ Monthly Net Income: \_\_\_\_\_

Supervisor/Contact: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

\*Please remember to submit your (3) most current paystubs and/or other income documents alongside this application.

Other Applicant 2

Source of Income/Employer: \_\_\_\_\_ Current Occupation/Position: \_\_\_\_\_

Employer Address (city, state, zip): \_\_\_\_\_ Start Date: \_\_\_\_\_

Monthly Gross Income: \_\_\_\_\_ Monthly Net Income: \_\_\_\_\_

Supervisor/Contact: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

\*Please remember to submit your (3) most current paystubs and/or other income documents alongside this application.

Other Applicant 3

Source of Income/Employer: \_\_\_\_\_ Current Occupation/Position: \_\_\_\_\_

Employer Address (city, state, zip): \_\_\_\_\_ Start Date: \_\_\_\_\_

Monthly Gross Income: \_\_\_\_\_ Monthly Net Income: \_\_\_\_\_

Supervisor/Contact: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

\*Please remember to submit your (3) most current paystubs and/or other income documents alongside this application.





Additional Income Information

Please answer each of the questions below. Write N/A if not applicable.

Are you entitled to child support benefits? YES NO

If yes, do you receive child support benefits? YES NO If yes, what monthly benefit? \_\_\_\_\_

If no, what attempts are you making to collect the entitled child support benefits (please explain)? \_\_\_\_\_

\_\_\_\_ Other sources of income not listed above (e.g. Social Security, alimony, stipend, etc)?

\_\_\_\_ Please list contact, address and phone number for any sources listed above:

\_\_\_\_ Do you have any other income not listed? YES NO

If yes, please list source: \_\_\_\_\_

**ASSETS**

Asset Disclosure

Has any member of your household sold or otherwise disposed of any asset during the past two years? YES NO Do you have any assets to disclose? YES NO (if yes, please complete information requested below)

Asset 1

Account Number: \_\_\_\_\_ Value: \_\_\_\_\_ Asset

Description (if a property, please disclose location): \_\_\_\_\_

Asset 2

Account Number: \_\_\_\_\_ Value: \_\_\_\_\_ Asset

Description (if a property, please disclose location): \_\_\_\_\_



CREDIT REFERENCES

Please provide (3) three credit references (credit cards, school loans, car payment, mortgage payments, etc) below.

Credit Reference 1

Account Number: Company Name (Creditor):

Monthly Payment: Current Balance:

Judgements/Bankruptcy? YES NO If yes, explain:

Credit Reference 3

Account Number: Company Name (Creditor):

Monthly Payment: Current Balance:

Judgements/Bankruptcy? YES NO If yes, explain:

Credit Reference 2

Account Number: Company Name (Creditor):

Monthly Payment: Current Balance:

Judgements/Bankruptcy? YES NO If yes, explain:

BANK REFERENCES

Please provide (2) two bank references.

Bank Reference 1

Bank Name: Bank Address: Type

of Account: CHECKING SAVINGS Account Number: Average Balance:

Actual Interest Earned:





Bank Reference 2

Bank Name: \_\_\_\_\_ Bank Address: \_\_\_\_\_ Type  
of Account: CHECKING SAVINGS Account Number: \_\_\_\_\_ Average Balance:  
\_\_\_\_\_ Actual Interest Earned: \_\_\_\_\_

**RESIDENCE HISTORY OF CURRENT AND PREVIOUS LANDLORD(S)**

Current Residence

Current Street Address (city, state, zip): \_\_\_\_\_  
Move in Date: \_\_\_\_\_ Expected Move Out: \_\_\_\_\_ Landlord Name: \_\_\_\_\_  
Landlord Phone: \_\_\_\_\_ Landlord Address (city, state, zip): \_\_\_\_\_  
Do we have permission to contact this landlord? YES NO  
If no, why? \_\_\_\_\_  
Monthly Rent Amount: \_\_\_\_\_ Is present rent up to date? YES NO  
Monthly Utility Amount: \_\_\_\_\_ Are all utility payments up to date? YES NO  
Length of residency: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Previous Residence

Current Street Address (city, state, zip): \_\_\_\_\_  
Move in Date: \_\_\_\_\_ Move Out Date: \_\_\_\_\_ Landlord Name: \_\_\_\_\_  
Landlord Phone: \_\_\_\_\_ Landlord Address (city, state, zip): \_\_\_\_\_  
Monthly Rent Amount: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Previous Residence

Current Street Address (city, state, zip): \_\_\_\_\_  
Move in Date: \_\_\_\_\_ Move Out Date: \_\_\_\_\_ Landlord Name: \_\_\_\_\_  
Landlord Phone: \_\_\_\_\_ Landlord Address (city, state, zip): \_\_\_\_\_  
Monthly Rent Amount: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_



**PETS**

The standard Alltrade pet policy allows a maximum of (2) two pets per unit. A **\$300 refundable pet fee per pet** is required at move in and there is no monthly pet rent charge. Please note that some properties do deviate from this standard policy or *may not allow pets at all*.

If you have a pet or pets, please fill out the information requested below.

Pet #1

Type: \_\_\_\_\_ Breed: \_\_\_\_\_ Size: \_\_\_\_\_

Color: \_\_\_\_\_

Pet #2

Type: \_\_\_\_\_ Breed: \_\_\_\_\_ Size: \_\_\_\_\_

Color: \_\_\_\_\_

**OTHER INFORMATION**

Vehicle Information (including company cars, motorcycles, etc)

State: \_\_\_\_\_ Make & Model: \_\_\_\_\_ Year: \_\_\_\_\_

Color: \_\_\_\_\_ License Plate #: \_\_\_\_\_

State: \_\_\_\_\_ Make & Model: \_\_\_\_\_ Year: \_\_\_\_\_

Color: \_\_\_\_\_ License Plate #: \_\_\_\_\_

State: \_\_\_\_\_ Make & Model: \_\_\_\_\_ Year: \_\_\_\_\_

Color: \_\_\_\_\_ License Plate #: \_\_\_\_\_

Emergency Contact

In case of emergency, please notify:

Contact Name: \_\_\_\_\_ Relation to Applicant: \_\_\_\_\_

Street Address (city, state, zip): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_





Character Reference #1 (no relation to applicants)

Reference Name: \_\_\_\_\_ Reference Phone: \_\_\_\_\_  
Reference Email: \_\_\_\_\_ How long have you known this person? \_\_\_\_\_  
How do you know this person? \_\_\_\_\_

Character Reference #2 (no relation to applicants)

Reference Name: \_\_\_\_\_ Reference Phone: \_\_\_\_\_  
Reference Email: \_\_\_\_\_ How long have you known this person? \_\_\_\_\_  
How do you know this person? \_\_\_\_\_

Special Needs

Does anyone in this household have special needs? YES NO  
Are special living accommodations required? YES NO

**FINANCIAL INFORMATION**

Please explain any "Yes" answer in the fields provided.

Has any signer ever been sued for bills? YES NO  
If yes, please provide name(s) and details: \_\_\_\_\_

Has any signer ever been bankrupt? YES NO  
If yes, please provide name(s) and details: \_\_\_\_\_

Has any signer ever broken a lease? YES NO  
If yes, please provide name(s) and details: \_\_\_\_\_

Has any signer ever been sued for eviction or had an eviction filed against them? YES NO  
If yes, please provide name(s) and details: \_\_\_\_\_

Has any signer ever been guilty of a felony? YES NO  
If yes, please provide name(s) and details: \_\_\_\_\_

I/we authorize Alltrade Service Solutions, LLC credit reports and background checks with my rental application. I understand that my credit report, background checks, and the information therein shall be used in compliance with State Law or Federal Law or Fair Credit Report Act or Equal Opportunity Law or appropriate regulations. I also understand that I have the right to obtain a copy of my own credit report and background check and can dispute any information.

I/we, \_\_\_\_\_, hereby authorized, without any reservation, any information bureau contacted by Alltrade Property Management to obtain the above credit information.

X \_\_\_\_\_

Applicant Signature Date

X \_\_\_\_\_

Applicant Signature Date

X \_\_\_\_\_

Applicant Signature Date

X \_\_\_\_\_

Applicant Signature Date

PLEASE FORWARD ALL INFORMATION TO:

The Leasing Office at the Property you are applying for

OR

**Alltrade Property Management Headquarters**

710 Barret Avenue Louisville, KY 40204

**Phone:** 502-562-1985 **Email:** info@alltradeproperties.com







## **Resident Selection Guidelines Tax Credit & Conventional - Revised 4/2022**

Alltrade Property Management is a property management company dedicated to providing quality housing to its residents by managing the property in an efficient and diligent manner. It is the policy of Alltrade Property Management to provide housing on an equal opportunity basis. We do not discriminate on any basis including, but not limited to race, religion, color, sex, familial status, national origin, handicap, disability, sexual orientation, gender identity, homeless status, prior military service, lawful source of income and conviction history or arrest history.

### **Application Process**

1. If an applicant seeks reconsideration within thirty (30) days of denial, no additional application fee will be due but additional time may be needed to process the application.
2. While Alltrade accepts written applications, to expedite the process, Alltrade prefers applicants to file applications online through Alltrade's website: [alltradeproperties.com](http://alltradeproperties.com)
3. Alltrade will not waive application fees upon request from any individual or organization. Application fees will only be waived if there is a publicly advertised special waiving application fees.

### **Application Submission**

1. A rental application is not considered complete until it has been signed and all required documentation has been submitted.
2. An applicant must answer all questions on the form completely and honestly. Incomplete applications will not be processed.
3. Alltrade will verify your household's income, employment, check your credit report through AmRent or other similar service, perform background check and verify there are no disqualifying factors. If necessary, Alltrade may verify employment and/or rental history.
4. If any of the verifications do not confirm that you meet Alltrade's criteria, Alltrade will decline your application.
5. We will strive to process all applications within two business days, provided we have received all required application documentation. However, it may take up to several days depending on how quickly Alltrade is able to verify the information you have provided.
6. If an application is denied, an applicant will be notified in writing and will be provided the reason(s) that the application was denied.
7. All applicants have a right to a copy of their screening results for up to 60 days after the time of screening. Applicants must obtain this report from the screening provider directly.

### **Approved and Conditional Applications**

1. Alltrade will accept a security deposit to reserve a unit from the first qualified applicant with a conditional or approved application. The first security deposit received will reserve the unit.
2. Alltrade will continue to accept and process applications on a unit until a security deposit is received. 3. Once an applicant is accepted, the security deposit is due immediately to secure the unit. At that time, a move in date is scheduled.
4. Deposits are non-refundable to residents who opt not to take a unit. An applicant will sign a document indicating that the deposit is not refundable if the applicant does not sign a lease and/or take possession of the unit.
5. If an application is found to fall within the range determined to be conditional, an applicant may be counter offered arrangements including a higher security deposit, the addition of a qualified co-signer, or an alternative unit which fits the rent to income ratio criteria.
6. If an applicant is found to fall within the range determined to be conditional and chooses to add a qualified co-signer, the co-signer must apply and undergo screening per the standard process. If the co-signer is approved,



the application will be approved. If the co-signer is conditional, the application will be conditional.

### **Bundled Applications**

1. All applicants must qualify for a bundled application to be Approved.
2. If one or more of the applicants on a bundled application is denied, all applicants will be denied due to the failed co-applicant.
3. If one or more of the applicants on a bundled application is conditional, all applicants will be conditional.
4. Any applicant that is individually approved but denied due to a co-applicant must wait 30 days to reapply and must reapply without the denied co-applicant(s).

### **Applicant Screening Criteria**

Screening criteria will be applied consistently to all applicants. Consideration of extenuating circumstances will be considered in the screening process, but must be approved by a Regional Manager.

All applications will be reviewed to make sure the applicants meet Alltrade's criteria for each of the following:

1. Income/Debt;
2. Credit history;
3. Criminal history; and
4. No other automatic disqualifiers.

### **Income/Debt**

1. For conventional properties, Alltrade will evaluate the application based on the combined **net** household income (take home pay) of the applicants.
  - a. For Low Income Housing Tax Credit properties, Alltrade will evaluate the application based on the combined **gross** household income of the applicants and in accordance with Federal, State and Local income guidelines.
2. An applicant's **net** income must be at least three (3) times the rental amount on the requested unit. This is called the rent to income ratio and is calculated by dividing the income by the rent. For example, if a person is applying for a conventional apartment renting for \$500.00 and makes \$1,600.00 take home pay, the rent to income ratio is  $\$1,600.00/\$500.00 = 3.2$ .
  - a. For Low Income Housing Tax Credit properties, the rent to income ratio is determined based using **gross** household income.
3. If an applicant has a rent to income ratio of 2.5 – 2.99, the applicant will be considered conditional.
4. An applicant with less than a 2.5 rent to income ratio will be denied unless the applicant has a housing voucher, tax credit or other stable income and documentable rental assistance that covers the duration of the lease. These instances must be approved by a Regional Manager.

### **Credit History**

Priority will be given to current credit activity over older credit activity. All rental obligations and utilities must be paid in full. Medical bills and student loans will not be considered when examining credit history. Lack of credit history is not an automatic disqualification.

### **Automatic Credit History Disqualifiers**

1. Any open bankruptcy or any bankruptcy within the previous three (3) years
2. Any unpaid apartment collection or previous rent
3. Inability to put utilities in the applicant's name
4. Any eviction judgment within the last three (3) years. Documentation from a plaintiff in an eviction action confirming the eviction was dismissed and all debts were paid will be taken into consideration when processing the application



- a. Applicants may submit with the application a letter from a case manager confirming current and satisfactory participation in a social service agency or government program where case management is provided. Upon receipt of this letter, Alltrade leasing staff will conduct an individualized assessment of the applicant's history of eviction judgments. When a letter from a case manager is received, this documentation will be taken into consideration when processing the application and a history of eviction judgments will not be considered an automatic disqualifier. These instances must be approved by a Regional Manager.
5. Any false or misleading information provided by an applicant on the written application, or omission of a material fact
6. Records of destruction, consistent late or unpaid rental obligations, evictions, police activity or poor housekeeping habits resulting in health and safety hazards are grounds for denial of the application.

#### **Criminal History Admissions Criteria**

Alltrade has established a policy to deny all applications where the applicant or any household member has been convicted of certain criminal activity. For all applications considered conditional or denied due to criminal history, Alltrade staff will conduct an individualized assessment. Applicants have a right to request reasonable accommodation. Applicants may submit with the application evidence of mitigating circumstances, if the admissions criteria provides for an individualized assessment of the applicant's specific criminal activity. The activities that will be grounds for denial of the application are as follows:

1. Any arrest or conviction where state and/or federal law prohibits the person from being eligible for public housing and other federally subsidized housing.
2. Any felony conviction or adjudication other than acquittal within ten (10) years, which involve any conviction in which the person is deemed a "violent offender" under KRS 439.3401. A violent offender means any person who has been convicted of or pled guilty to the commission of a capital offense, a Class A felony; a Class B felony involving the death of the victim or serious physical injury to a victim, an offense described in KRS 507.040 or 507.050 where the offense involves the killing of a peace officer, firefighter, or emergency medical services personnel while the peace officer, firefighter, or emergency medical services personnel was acting in the line of duty. A class B felony involving criminal attempt to commit murder under KRS 506.010 if the victim of the offense is a clearly identifiable peace officer, firefighter, or emergency medical services personnel acting in the line of duty, regardless of whether an injury results. The commission or attempted commission of a felony sexual offense described in KRS Chapter 510: use of a minor in a sexual performance as described in KRS 531.310; promoting sexual performance by a minor as described in KRS 531.320; unlawful transaction with a minor in the first degree as described in KRS 530.064 (1)(a). Human trafficking under KRS 529.100 involving commercial sexual activity where the victim is a minor; criminal abuse in the first degree as described in KRS 508.100. Burglary in the first degree accompanied by the commission or attempted commission of an assault described in KRS 508.010, 508.020, 508, 032 or 508.060. Burglary in the first degree accompanied by a commission or attempted commission of kidnapping as prohibited by KRS 509.040; or robbery in the first degree. Any conviction or plea to any crime involving felony arson or any conviction or plea for felony mischief.
3. Any felony conviction or adjudication other than acquittal within ten (10) years, which involved burglary in the first degree accompanied by the commission or attempted commission of an assault described in KRS 508.010, 508.020, 508.032 or 508.060; Burglary in the first degree accompanied by a commission or attempted commission of kidnapping as prohibited by KRS 509.040; or Robbery in the first degree; Any conviction or plea to any crime involving felony arson or any conviction or plea for felony mischief.
4. Any conviction or adjudication other than acquittal within three (3) years, which involved conviction of drug related criminal activity for manufacture or production of methamphetamine on the premises of federal assisted housing; For three years from the date of eviction, the household member has been evicted from federally assisted housing for drug-related criminal history.
5. Lifetime sex offenders. If during the applicant's lease, Alltrade discovers anyone in the household has been placed on the lifetime sex offender registry, legal proceedings will begin to terminate the tenancy.

#### **Office of Foreign Assets Control (OFAC)**



Some properties, as directed by the lender, may require a screening of all household members over the age of 18, through the Office of Foreign Assets Control (OFAC). If there is a match, the applicant will be disqualified. If during the applicant’s lease Alltrade discovers anyone in the household has been placed on the OFAC list of sanctions, legal proceedings will begin to terminate the tenancy. OFAC checks will be conducted one again at lease renewal.

Alltrade has established a policy to deny all applications where the applicant or any household member is listed on the OFAC website. For any matches found, Alltrade staff will conduct an individualized assessment. Applicants may submit with the application evidence of mitigating circumstances, if the admissions criteria provides for an individualized assessment of the applicant’s specific criminal activity.

**Occupancy Standards**

Alltrade proudly follows the guidelines of the Fair Housing Act and does not discriminate against families with young children. Rental applications will be considered on a case by case basis, factoring in the number of occupants, ages of occupants, and available living space. Our goal is to prevent overcrowding and undue wear and tear to rental properties. Alltrade will abide by the state occupancy standards regarding square footage relative to the number of people who may reside in a property. We use the general guidelines below. However, applicants have a right to request reasonable accommodation.

<u>Bedroom Size</u>	<u>Maximum occupants per household</u>
<u>0</u>	<u>1 +1</u>
<u>1</u>	<u>2+1</u>
<u>2</u>	<u>4+1</u>
<u>3</u>	<u>6+1</u>

**Co-Signers**

If an applicant does not meet one or more of the above criteria, they may still be eligible for a rental unit if they can get a third-party to guarantee the lease. “Co-signers or “Guarantors” must be related to at least one of the applicants. It is preferable that co-signers reside in the same state as the applicants. The co-signer must submit a written application along with the application fee and must pass the criteria of the screening process as any other applicant. The income to rent ratio must be (six) 6 times the rent. If the co-signer cannot come to an Alltrade office in person, the signed application must be notarized. All co-signers must be approved by a Regional Manager. A co-signer will be a leaseholder and will be required to sign a lease agreement and uphold all obligations outlined in the lease. If the co-signer cannot come to an Alltrade office in person, the signed lease must be notarized.

**Refugee Status**

Applicants who have refugee status and/or are receiving case management services and/or rental assistance through a recognized social service agency will not be required to submit an application. We will require a copy of each family member’s I-9 at the time of arrival in the unit.

**Appeals and Grievances**

If anyone believes that an act of discrimination has occurred, please refer to Alltrade’s Grievance Policy found on Alltrade’s website. You may submit your grievance in writing or send a request for a copy of Alltrade’s Grievance Policy to [info@alltradeproperties.com](mailto:info@alltradeproperties.com).

Applicants who are denied will be allotted fourteen (14) days to dispute the denial. To dispute the denial of an application, the applicant must submit the dispute in writing or request a meeting in writing within 14 days.



**Resident Selection Guidelines Acknowledgement Form**

By signing below, all applicants certify that they have been provided a copy of the Resident Selection Guidelines, given the opportunity to ask any questions that pertain to the Resident Selection Guidelines, have been notified that the Resident Selection Guidelines are available on Alltrade’s website and that they are entitled to a copy of these Resident Selection Guidelines.

**APPLICANT SIGNATURE**

X \_\_\_\_\_ DATE: \_\_\_\_\_

**APPLICANT SIGNATURE**

X \_\_\_\_\_ DATE: \_\_\_\_\_

**APPLICANT SIGNATURE**

X \_\_\_\_\_ DATE: \_\_\_\_\_

**APPLICANT SIGNATURE**

X \_\_\_\_\_ DATE: \_\_\_\_\_

**APPLICANT SIGNATURE**

X \_\_\_\_\_ DATE: \_\_\_\_\_

Alltrade Property Management  
918 S. 6th Street  
502-562-1985  
Louisville, KY 40203  
[info@alltradeproperties.com](mailto:info@alltradeproperties.com)  
alltradeproperties.com REV 04-07-2022



# AUTHORIZATION FOR CRIMINAL HISTORY CHECK

**NOTICE TO APPLICANTS:** The information requested below is for the sole purpose of conducting a background investigation, which includes, among other things, a criminal conviction check. The existence of a prior criminal conviction will not necessarily make you ineligible for housing with KMG Prestige. It is KMG Prestige's policy to evaluate any adverse information obtained in the background investigation based on a range of factors including, but not limited to rental history. Information regarding age, sex and race will not be a factor in any housing decision.

Full Name (no nicknames)

Maiden Names(s), Nickname(s), Other Name(s) (please include dates used)

☐ Male☐ Female

Social Security Number

Date of Birth

Driver's License Number

State

Is Your Driver's License Valid?

☐ Yes☐ No⇒ Please give details

All addresses for the last 7 years: (Street / City / County / State / Years From-To)

In the event you do not remember the exact street address, please include a city, state and the approximate dates of residence.

	Street Address	City	County	State	Years From-To
1.					
2.					
3.					
4.					
5.					
6.					

List ALL States you have ever resided in:

(attach additional pages if necessary)

I expressly authorize all personnel, schools, companies, corporations, credit bureaus and law enforcement agencies to supply any and all information concerning my qualifications for employment positions applied for and the information given by me herein. In consideration for being considered for housing, I release KMG Prestige, related entities, as well as any individual or entity providing information, from any and all liability in connection with any inquiries and investigations made, information they give and any decisions made or action taken concerning my employment based on such information. I also do not require a copy of any disclosure of the nature and scope of the investigation. I understand that any offer of apartment rental from KMG Prestige is based upon my successful completion of the background screening. I also understand that I have a right to review all disputed information and to follow up with the law enforcement agency to clear up any discrepancies. This authorization is good for one year from the date of signing.

X

Signature

Date



**Race and Ethnic Data  
Reporting Form**

U.S. Department of Housing  
and Urban Development  
Office of Housing

OMB Approval No. 2502-0204  
(Exp. 06/30/2017)

Name of Property Project No. Address of Property

Name of Owner/Managing Agent Type of Assistance or Program Title:

Name of Head of Household Name of Household Member

Date (mm/dd/yyyy):

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	Select All that Apply
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

**\*Definitions of these categories may be found on the reverse side.**

**There is no penalty for persons who do not complete the form.**

Signature

Date

**Public reporting burden** for this collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provide and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does no require any special protection.



## Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

This form is to be provided to each applicant for federally assisted housing

**Instructions: Optional Contact Person or Organization:** You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:

Mailing Address:

Telephone No:

Cell Phone No:

Name of Additional Contact Person or Organization:

Address:

Telephone No:

Cell Phone No:

E-Mail Address (if applicable):

Relationship to Applicant:

Reason for Contact: (Check all that apply)

☐ Emergency☐ Unable to contact you☐ Termination of rental assistance☐ Eviction from unit☐ Late payment of rent☐ Assist with Recertification Process☐ Change in lease terms☐ Change in house rules☐ Other: \_\_\_\_\_

**Commitment of Housing Authority or Owner:** If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.

**Confidentiality Statement:** The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.

**Legal Notification:** Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.

☐ Check this box if you choose not to provide the contact information.

Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

**Privacy Statement:** Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

Form HUD- 92006 (05/09)



# NOTICE AND CONSENT FOR THE RELEASE OF INFORMATION

Property Name Requesting Information: \_\_\_\_\_

By signing this consent form, I am authorizing the above-referenced housing community for which I am applying to obtain information from a third party about me. I understand that the purpose of this information is to determine my eligibility for housing assistance. I understand that this information can include and is not limited to information regarding my income, assets and credit bureau report which may affect my eligibility.

I further understand that income information obtained from these sources will be verified according to the initial information, which I have provided on my original application for housing.

## Who Must Sign the Consent Form

Each member of your household who is 18 years of age or older must sign the relevant consent forms at the initial certification and at each recertification, if applicable. In addition, when new adult members join the household and when members of the household become 18 years of age, they must also sign the relevant consent forms.

## Signatures:

Head of Household

\_\_\_\_\_

Date

Spouse

\_\_\_\_\_

Date

Other Family Member over age 18

\_\_\_\_\_

Date

Other Family Member over age 18

\_\_\_\_\_

Date



TDD/TTY 711





## Citizen/Non-citizen Declaration

**INSTRUCTIONS: Complete this Declaration for each member of the household listed on the Family Summary Sheet**

LAST NAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_

RELATIONSHIP TO HEAD OF HOUSEHOLD \_\_\_\_\_ SEX \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

SOCIAL SECURITY NO. \_\_\_\_\_ ALIEN REGISTRATION NO. \_\_\_\_\_

ADMISSION NUMBER \_\_\_\_\_ if applicable (this is an 11-digit number found on DHS Form I-94, *Departure Record*)

NATIONALITY \_\_\_\_\_ (Enter the foreign nation or country to which you owe legal allegiance. This is normally but not always the country of birth.)

SAVE VERIFICATION NO. \_\_\_\_\_  
(to be entered by owner if and when received)

**INSTRUCTIONS: Complete the Declaration below by printing or by typing the person's first name, middle initial, and last name in the space provided. Then review the blocks shown below and complete either block number 1, 2, or 3:**

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, the PHA and any owner (or any employee of HUD, the PHA 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, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).





## Citizen/Non-citizen Declaration

### DECLARATION

I, \_\_\_\_\_ hereby declare, under

penalty of perjury, that I am \_\_\_\_\_

(print or type first name, middle initial, last name):

☐ **1. A citizen or national of the United States.**

Sign and date below and return to the name and address specified in the attached notification letter. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

- a. If you claim that you are a citizen or national of the United States, you must submit proof of such status.
- (1) The following documents will be accepted as proof of citizenship
    - (a) United States (U.S.) Passport
  - (2) The following documents will be accepted as proof of citizenship when proof of identity is also provided
    - (a) U.S. Birth Certificate
    - (b) Certification or Report of Birth Abroad issued by USCIS or the State Department
    - (c) U.S. Citizen ID card issued by USCIS
    - (d) U.S. Naturalization Certificate issued by U.S. Citizenship & Immigration Services (USCIS)
    - (e) Certificate of Citizenship issued by USCIS
    - (f) American Indian card issued by USCIS for the Kickapoo tribe
    - (g) Final Adoption Decree
    - (h) Evidence of Civil Service employment by U.S. Government before 6/1/1976
    - (i) Official Military Record of Service showing U.S. place of birth (i.e. a DD-214)
    - (j) Northern Mariana ID card issued by USCIS to a naturalized citizen born before 11/4/1986
    - (k) Extract of U.S. hospital birth record established at the time of birth
  - (3) Proof of Identity includes
    - (a) Driver's License
    - (b) Certain government issued ID cards with photo (if no photo, must include identifying information)
    - (c) Tribal government issued ID and documents, including Certificate of Indian Blood
    - (d) Day care or nursery record (minors only)
    - (e) School record or report card (under 16 only)
    - (f) School ID with picture
    - (g) U.S. Military ID, U.S. Military Dependent ID or U.S. Military Draft Record (over 16 years only)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

☐ Check here if adult signed for a child,





## Citizen/Non-citizen Declaration

- ☐ 2. A noncitizen with eligible immigration status as evidenced by one of the documents listed below:

*If you checked this block, you must submit the following documents:*

From non-citizens claiming eligible status who is 62 or older:

- a. This signed declaration of eligible immigration status and
- b. Proof of age

From non-citizens claiming eligible status who is not 62 or older:

- a. This signed declaration of eligible immigration status and
- b. Verification Consent Form

AND

- c. One of the following documents:

1. Form I-551, Permanent Resident Card.
2. Form I-94, Arrival-Departure Record annotated with one of the following:
  - a. "Admitted as a Refugee Pursuant to Section 207";
  - b. "Section 208" or "Asylum";
  - c. "Section 243(h)" or "Deportation stayed by Attorney General"; or
  - d. "Paroled Pursuant to Section 212(d)(5) of the INA."
3. Form I-94, Arrival-Departure Record (with no annotation) accompanied by one of the following:
  - a. A final court decision granting asylum (but only if no appeal is taken);
  - b. A letter from an DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (application filed was before October 1, 1990);
  - c. A court decision granting withholding of deportation; or
  - d. A letter from an asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).
4. A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.
5. Other acceptable evidence. If other documents are determined by the DHS to constitute acceptable evidence of eligible immigration status, they will be announced by notice published in the Federal Register.

If this block is checked, sign and date below and submit the documentation required above with this declaration and a verification consent form to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below. If for any reason, the documents shown in subparagraph c above are not currently available, complete the Request for Extension block below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

- ☐ Check here if adult signed for a child.





## EXTENSION

☐ Check here if adult signed for a child.☐ Check here if adult signed for a child.



# ANNUAL STUDENT ELIGIBILITY CERTIFICATION

(For LIHTC and Bond-Financed Projects)

This form must be completed for all households in which any of the occupants are students, either full-time or part-time. All household members age 18 or older (or if under 18 and qualified as Head, Co-Head, or Spouse) must complete, sign and date this form upon move-in and at least annually thereafter or whenever there is a change in student status during the entire compliance period of the project.

Property Name:	KHC #:
Unit Address/Number:	TIC Effective Date:

	Name of Household Member	Currently a Student		If not currently a student, was the member a student at any time during the past year?		
Head		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
2		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
3		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
4		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
5		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
6		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

A. ☐ At least one household member ( ) is currently a **non-student** and has not been (and will not be) a student during any part of any five different months of the calendar year.<sup>1</sup> A **Student Status Verification** form must be completed if this individual attended school at any time during the past twelve months.

B. ☐ Household contains all students, but is qualified because the following occupant ( ) is currently a **part-time student** and this part-time student has not been (and will not be) a full-time student during any part of any five months (consecutive or different) of the calendar year. A **Student Status Verification form** is required for the part-time student.

C. ☐ Household contains all full-time students but is qualified because the household meets one or more of the exceptions provided in IRC Section 42 and listed below.

- At least one student is receiving assistance under Title IV of the Social Security Act (i.e. welfare, AFDC, TANF, etc.) ☐ Yes ☐ No Program:
- At least one student was previously under the care and placement responsibility of the state agency responsible for administering foster care? If yes, attach documentation of previous foster care participation. ☐ Yes ☐ No
- At least one student participates in a program receiving assistance under the Job Training Partnership Act, Workforce Investment Act, or under other similar federal, state or local laws? If yes, attach documentation of current participation.

☐ Yes, Program Name: ☐ No

- At least one student is a single parent with child(ren) and this parent is not a dependent of another individual and the child(ren) is/are not dependent(s) of someone other than the other



(or absent) parent? If yes, attach documentation such as a tax return or court order establishing custody.

☐ Yes

☐ No

Explanation:

- At least one student is married and entitled to file a joint tax return. If yes, attach a copy of the marriage license or the most recently filed tax return.

☐ Yes

☐ No

Document Attached:

*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 of Applicant/Resident

\_\_\_\_\_  
Printed Name of Applicant/Tenant      Date

\_\_\_\_\_  
Signature of Applicant/Resident

\_\_\_\_\_  
Printed Name of Applicant/Tenant      Date

Note: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

*1 Note: The five months need not be consecutive. If the individual attended school full-time for even one day of calendar month, that month counts toward the five months.*



# CHECKLIST

Complete a separate form for each household member who is age 18 or older or an emancipated minor.

Name:
Phone:

Unit:
Email:

	YES	NO	COMPLETE EACH ITEM	FORM #
1.			I am a citizen of the United States or a permanent legal resident.	
2.			A member of my household is subject to a registration requirement under a state sex offender program.	
3.			Is there an expected family addition? <input type="checkbox"/> Pregnancy <input type="checkbox"/> Adoption <input type="checkbox"/> Foster Child	126
4.			I am presently a student. Check one: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Other: _____ Name of School: _____	167 & 110
5.			I was a student sometime during the current calendar year. Check one: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Other Name of School: _____ I anticipate becoming a student some time during the upcoming twelve-month period. Check one: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Other Name of School: _____	167 & 110

	YES	NO	INCOME	FORM #
6.			I have a job and receive money/wages, tips or bonuses. (List the companies that pay you)	131
7.			I am self-employed. (List the name of your company and the type of jobs you do.)	108
8.			I receive or have applied for Social Security or Rail Road Retirement Act income.	Benefit Letter
9.			I receive or have applied for Supplemental Security Income (SSI).	Benefit Letter
10.			I receive quarterly payments from DHS for the State-paid portion of a SSI grant (Quarterly SSI).	148
11.			I receive unearned income for a family member(s) age 17 or under (e.g.: Social Security).	Benefit Letter
12.			I receive/expect to receive periodic payments from retirement funds or pensions. <b>How many funds or pensions?</b> _____ List name(s) of fund or pension provider.	144
13.			I receive or have applied for disability or death benefits other than Social Security.	127
14.			I receive or have applied for Veteran's Administration benefits.	171
15.			I receive Public Assistance (other than Food Assistance (FAP) and Medicaid)	148
16.			I receive cash contributions or gifts including rent or utility payments, on an ongoing basis from persons not living with me.	116
17.			I receive or have applied for unemployment benefits.	170
18.			I receive or have applied for periodic payments from Workers' Compensation.	127
19.			I receive periodic payments from a trust, annuity or inheritance. If yes, from how many sources?	169/111
20.			I receive income from rental of real estate or personal property.	Current Lease
21.			I receive periodic payments from lottery winnings.	135
22.			I receive adoption assistance payments.	101
23.			I receive alimony.	120
24.			I receive GI Bill benefits.	Benefit Letter
25.			I receive military active duty allotments.	138
26.			I am a member of an Indian Tribe receiving gaming payments.	214



	YES	NO	INCOME (continued)	FORM #
27.			I receive periodic payments from insurance policies, if yes, how many policies? _____	
28.			I receive long term care insurance payments that exceed \$180/day or \$67,000 annually.	127
29.			I receive other recurring or periodic income not listed above. (Includes financial aid under the Higher Education Act of 1965 from private sources or institution) Describe:	167

	YES	NO	CHILD SUPPORT	FORM #
30.			I receive child support. From how many parents do you receive support? _____	120 / FOC Print Out
31.			Is Child Support Paid Directly to DHS?	148 / FOC Print Out
32.			I have been awarded a judgment for child support but have not been receiving payments.	120 / FOC Print Out
33.			I have been awarded a judgment and reasonable efforts have been made to collect the amounts due including filing with courts or agencies responsible for enforcing the payments? List State _____ and County _____ where granted.	
34.			I anticipate filing a claim for child support within the next twelve months.	105

	YES	NO	ASSETS (Include all assets held or owned in or outside of the United States)	FORM #
35.			I have a savings account(s) and/or Money Market Account(s) at: List name(s) of Financial Institution(s) _____	113
36.			I have a checking account(s) at: _____ (List name(s) of Financial institution(s))	113
37.			I have a prepaid card, debit Card, or paycard on which funds from Social Security, SSI, Child Support, DHS, unemployment or other agency are directly deposited. If yes, how many? _____ From which Agency(ies)? _____ List name(s) of Financial institution(s) _____	258
38.			I have certificates of deposit at: _____ (List name(s) of Financial institution(s))	113
39.			I have cash held in my home or in a safety deposit box.	102/107
40.			I have savings bonds. If yes, how many? _____ (Please provide copies)	Treasurydirect.com
41.			I have Treasury Bills. If yes, how many? _____ (Please provide copies)	Treasurydirect.com
42.			I have stocks at: _____ (List name(s) of Financial institution(s))	166
43.			I have a 401k or 403b at: _____ (List name(s) of Financial institution(s))	100
44.			I have bonds at: _____ (List name(s) of Financial institution(s))	166
45.			I have Mutual Funds or securities at: _____ (List name(s) of Financial institution(s))	166
46.			I have IRA's or Keogh account(s) at: _____ (List name(s) of institution(s))	134
47.			I have an annuity(ies) at: _____ (List name(s) of institution(s))	111
48.			I own real estate. If yes, how many properties? _____ Address of Property(ies) _____	152/150
49.			I own a mobile home.	152
50.			I have land contracts. If yes, how many? _____	Amortization Schedule
51.			I hold a mortgage or deed of trust.	151
52.			I have revocable trusts. If yes, how many trusts? _____	Copy of Trust
53.			I have a whole life or universal life insurance policy(ies). If yes, how many policies? _____ at: _____ (List name(s) of institution(s))	172
54.			I have time share certificate (s) at: _____ (List name(s) of institution)	



YES		NO		ASSETS (continued) (Include all assets held or owned in or outside of the United States)	
55.				I have personal property held for investment purposes (gems, jewelry, collections, etc.).	Appraisal(s)
56.				I have lump sum receipts or one-time receipts.	
57.				I have another name(s) listed on one or more of the above assets for beneficiary or other purposes, such as, power of attorney. These other persons do not own the assets and receive no income from the assets.	
58.				I have joint ownership on one or more of the above assets.	
59.				I have income/assets from sources other than those listed above. (Describe) _____	
60.				A member of my household is under the age of 18 and has assets. (Describe) _____	

YES		NO		COMPLETE EACH ITEM (Complete the items below for Section 8, Section 236, Section 202, 811 PRAC, Section 101, Section 221, Moderate and Rural Development Projects Only)	FORM #
61.				I am a single parent with Joint physical custody and the other parent resides in subsidized housing.	
62.				I am Elderly (age 62 or older), Handicapped or Disabled and pay Medicare premiums.	Benefit Letter
63.				I am Elderly (age 62 or older), Handicapped or Disabled and pay medical insurance premiums, other than Medicare.	137
64.				I am Elderly (age 62 or older), Handicapped or Disabled and pay medical or prescription or chore provider expenses which are not reimbursed by insurance.	137
65.				I am Elderly (age 62 or older), Handicapped or Disabled and pay long term care insurance premiums.	137
66.				I pay child care expenses for a child age 12 or under in order to be gainfully employed or to further my education.	121
67.				Family Independence Agency (FIA) pays child care expenses for a child(ren) age 12 or under in order for me to be gainfully employed or further my education. If yes, FIA pays: <input type="checkbox"/> full <input type="checkbox"/> partial.	148
68.				I pay handicap care expenses for a handicapped/disabled family member in order to be gainfully employed.	121
69.				I pay handicap equipment expenses for a handicapped/disabled family member which is not covered by insurance.	137

YES		NO		OTHER ITEMS	FORM #
70.				I have provided proof of Social Security numbers (or certification) for all household members. (The certification for individuals under 18 years of age will be executed by a parent or guardian.)	SS Card

Initial Column		DISPOSAL / DIVESTITURE OF ASSETS (All tenants and perspective residents in all types of projects must complete the section below)		FORM #
71.	YES	NO	<p>I have sold, given away or otherwise transferred ownership of assets within the last two (2) years for under <b>Fair Market Value</b>. Initial the "Yes" column or the "No" column at left. If yes, list item(s) and date(s): _____</p> <p><i>Assets include cash (totaling in excess of \$999), cash held in savings and/or checking accounts, trust funds, equity in real estate and other capital investments, stocks, bonds, Treasury bills, certificates of deposit, money market funds, IRA accounts, retirement and pension funds, lump sum receipts (i.e., lottery winnings, insurance settlements, etc.), and personal property held as an investment (i.e., gem or coin collections, paintings, antique cars, etc.). Do not include necessary personal property such as furniture, automobiles, and clothing.</i></p>	103

Under penalties of perjury, I certify that the information presented in this certification is true and accurate to the best of my (our) knowledge. The undersigned further understands that providing false representation herein constitutes an act of fraud. I will notify the Resident Manager when circumstances change, for possible recertification. False, misleading or incomplete information may result in the termination of the lease agreement and/or benefits.

Applicant / Tenant Signature

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.

Household Name: \_\_\_\_\_ Unit No. \_\_\_\_\_  
Development Name: \_\_\_\_\_ City: \_\_\_\_\_

Complete all that apply for 1 through 4:

1. My/our assets include:

(A) Cash Value*	(B) Int. Rate	(A*B) Annual Income	Source	(A) Cash Value*	(B) Int. Rate	(A*B) 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.

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 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).
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.

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 \$ \_\_\_\_\_. This amount is included in the total gross annual income.

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Applicant/Tenant

Date

Applicant/Tenant

Date

Under \$5,000 Asset Certification (September 2000)



EMPLOYMENT VERIFICATION

THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY TENANT

TO: (Name and address of employer)

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

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

RE: \_\_\_\_\_  
Applicant/Tenant Name Social Security Number Unit No. (if assigned)

I hereby authorize release of my employment information.

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

\_\_\_\_\_  
Date

The individual named directly above is an applicant/tenant of a housing program that requires verification of income. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

Sincerely

\_\_\_\_\_  
Project Owner/Management Agent

Return Form To:

\_\_\_\_\_

THIS SECTION TO BE COMPLETED BY EMPLOYER

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

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

Current Wages/Salary: \$ \_\_\_\_\_ (circle one) hourly weekly bi-weekly semi-monthly monthly yearly other \_\_\_\_\_

Average # of regular hours per week: \_\_\_\_\_ Year-to-date earnings: \$ \_\_\_\_\_ through \_\_\_\_/\_\_\_\_/\_\_\_\_

Overtime Rate: \$ \_\_\_\_\_ per hour Average # of overtime hours per week: \_\_\_\_\_

Shift Differential Rate: \$ \_\_\_\_\_ per hour Average # of shift differential hours per week: \_\_\_\_\_

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

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

If the employee's work is seasonal or sporadic, please indicate the layoff period(s): \_\_\_\_\_

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

\_\_\_\_\_  
Employer's Signature

\_\_\_\_\_  
Employer's Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employer [Company] Name and Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Fax

\_\_\_\_\_  
E-mail

**WARNING:** Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful, false statements of misrepresentation to any department or agency of the U.S. or to any matter within its jurisdiction.

Rev. 2007



Banking Verification

Applicant/Resident: \_\_\_\_\_ Social Security No.: \_\_\_\_\_  
Unit No.: \_\_\_\_\_

To Whom It May Concern:

The individual named directly above is an applicant/tenant of a housing program that requires verification of income. The information provided will remain confidential to the satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

By signing below I authorize the release of this information.

Participant’s Signature \_\_\_\_\_ Date \_\_\_\_\_

THIS SECTION TO BE COMPLETED BY BANK INSTITUTE

	Last 6 Months' Average Balance	Last 6 Months' Interest Income	Date Account Opened
Checking Account:			
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
	Current Account Balance	Current Interest Rate	Date Account Opened
Savings Account:			
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
Other Accounts (list):			
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____

I certify that this information is accurate.

Signature \_\_\_\_\_ Name (print) \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

Financial Institution \_\_\_\_\_ Telephone Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**WARNING:** Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful, false statements of misrepresentation to any department or agency of the U.S. or to any matter within its jurisdiction.

Rev. 2007