

EMPLOYMENT VERIFICATION

Property Name: _____ Phone: _____ Fax: _____

Send To:

Company Name: **Full address - no shortcuts here.** Attention: **Always H.R., never supervisors**

Address: _____ Phone: _____ Fax: _____

I authorize the above-mentioned employer to release all information requested below regarding my employment status and compensation.

DCA requires the resident's signature here - cannot use Tenant Release Form

Resident Applicant Printed Name	Resident/Applicant Signature	Last 4 digits of Soc. Sec.	Date
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The above referenced individual has made application for residency at our community. The individual lists your company as the current or anticipated employer. This community operates under the IRS Section 42 program or other Federal program, which requires income verification. In order to determine eligibility for housing, this form must be completed by an authorized representative of your company. All information provided will be held in strict confidence but may be shared with state and federal agencies. We appreciate your prompt attention to this verification. Please complete this form in its entirety. If you have any questions, please feel free to contact us at the number listed above. Thank you,

Printed Name of Management Representative	Signature of Management Representative	Date
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Please complete this form in its entirety. If a section does not apply please list "No" or "0";

1. Position/Title: **Compare to application - looking for "contractor, etc."**

2. Presently Employed: Yes Date of Hire: _____ No Expected Date of Employment: _____

3. Gross Pay Before Deductions: (Please only select one: Hourly or Annualized Income). **A must have to calculate year to date**

Hourly \$ _____ x _____
(rate) (average weekly hours) or Annually \$ _____
(Base Pay Only)

4. Is the Employee Compensated for Overtime: (List approximate or best guess hours going forward. You may use previous year as a guide)

No Yes Average OT Hours Worked Per Week _____ Overtime Pay Rate \$ _____

5. Please list year to date gross earnings (before taxes and deductions): \$ _____ as of _____ (pay period ending)

Please answer each question below for anticipated earnings. Does this employee receive:

6. Commissions? Yes No If yes, anticipated amount \$ _____ per: wk / mo / yr / other _____ (circle one)

7. Bonuses? Yes No If yes, anticipated amount \$ _____ per: wk / mo / yr / other _____ (circle one)

8. Tips? Yes No If yes, anticipated amount \$ _____ per: wk / mo / yr / other _____ (circle one)

9. Other Pay? Yes No If yes, anticipated amount \$ _____ per: wk / mo / yr / other _____ (circle one)

10. Do you anticipate a pay increase for your employee within the upcoming 12 months?

No Yes Amount of Increase \$ _____ per Hr / Wk / Mo / Yr Date Anticipated _____

11. Other Remarks: _____ **If yes, but no amount, telephone verify.**

I certify that the information given is true and complete to the best of my knowledge. I also certify that I have the authority to provide this information on behalf of this company/agency. I have read and understood the penalty warning at the bottom of this form.

Signature of the Employer or Authorized Representative	Print Name of the Employer or Authorized Representative	Date Completed
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Title: _____	Phone Number: _____	Email: _____
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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. ** Violation of these provisions are cited as violations of 42 U.S.C. Section **408 (a) (6), (7) and (8).**



CLARIFICATION OF EMPLOYMENT VERIFICATION

This section is for Management use only.

Applicant/Resident Name: _____ Verified On: _____ (List Date and Time)

Contact Name _____ Position _____

Company _____ Phone # (_____) _____

Check box that applies

No Additional Clarification needed – all sections of the employment verification (EV) form are complete and have been verified with the contact above, and no additional clarification is needed. Skip to bottom of page and sign and date.

All unanswered or unclear questions on employment verification were clarified with contact above, in addition to verbally verifying all information completed on EV. Only questions needing clarification should be answered below.

NOTE: The hourly rate or annual income information is required on the EV form and cannot be clarified. If the hourly rate and average hours are incomplete or blank on the EV, it is recommended that you re-submit the verification form for the employer to complete these sections or use an alternate income verification method.

Oral Clarifications may never contradict written verification. HUD Handbook 4350.3 guidance on income verification Clarification Given by Above-Mentioned Contact:	Attach Calculator Tapes Here
<p>1. Position/Title: _____</p> <p>2. Presently Employed: <input type="checkbox"/> Yes Date of Hire: _____ <input type="checkbox"/> No Expected Date _____</p> <p>3. Is the employee compensated for overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No Average OT hours worked per week: _____ Hourly overtime Rate: \$ _____</p> <p>4. YTD gross earnings: _____ as of _____ (pay period ending)</p> <p>Does the employee receive:</p> <p>5. Commissions? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, amount \$ _____ per (circle one) wk / mo / yr</p> <p>6. Bonuses? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, amount \$ _____ per (circle one) wk / mo / yr</p> <p>7. Tips? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, amount \$ _____ per (circle one) wk / mo / yr</p> <p>8. Other Pay? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, amount \$ _____ per (circle one) wk / mo / yr</p> <p>9. Do you anticipate a pay increase in the upcoming 12 months? <input type="checkbox"/> No <input type="checkbox"/> Yes Amount of Increase \$ _____ per hr / wk / mo / yr Date Anticipated _____ (circle one)</p> <p>10. Other remarks or clarification regarding employee's income:</p> <p>Remarks must be clear - state what you are clarifying and then clarify. Leave no questionable items unclear. All must be clarified to insure we have completed our due diligence.</p>	

I attest I have confirmed all information on EV to be correct and when necessary have clarified missing or unclear information.

Print Name _____

Date _____

Signature _____

Title _____

Page 1 of this form may be faxed, emailed, or mailed. This form should not be hand carried. Forms returned via mail must be accompanied by the postmarked envelope. The Owner/Manager is responsible for exercising due diligence when collecting income information.



CLARIFICATION OF EMPLOYMENT VERIFICATION

This section is for Management use only.

Applicant/Resident Name: _____ Verified On: _____ (List Date and Time)

Contact Name _____ Position _____

Company _____ Phone # (_____) _____

Check box that applies

No Additional Clarification needed – all sections of the employment verification (EV) form are complete and have been verified with the contact above, and no additional clarification is needed. Skip to bottom of page and sign and date.

All unanswered or unclear questions on employment verification were clarified with contact above, in addition to verbally verifying all information completed on EV. Only questions needing clarification should be answered below.

NOTE: The hourly rate or annual income information is required on the EV form and cannot be clarified. If the hourly rate and average hours are incomplete or blank on the EV, it is recommended that you re-submit the verification form for the employer to complete these sections or use an alternate income verification method.

Oral Clarifications may never contradict written verification. HUD Handbook 4350.3 guidance on income verification	Attach Calculator Tapes Here
Clarification Given by Above-Mentioned Contact:	
1. Position/Title: _____	
2. Presently Employed: <input type="checkbox"/> Yes Date of Hire: _____ <input type="checkbox"/> No Expected Date _____	
3. Is the employee compensated for overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No Average OT hours worked per week: _____ Hourly overtime Rate: \$ _____	
4. YTD gross earnings: _____ as of _____ (pay period ending)	
Does the employee receive:	
5. Commissions? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, amount \$ _____ per (circle one) wk / mo / yr	
6. Bonuses? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, amount \$ _____ per (circle one) wk / mo / yr	
7. Tips? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, amount \$ _____ per (circle one) wk / mo / yr	
8. Other Pay? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, amount \$ _____ per (circle one) wk / mo / yr	
9. Do you anticipate a pay increase in the upcoming 12 months? <input type="checkbox"/> No <input type="checkbox"/> Yes Amount of Increase \$ _____ per hr / wk / mo / yr Date Anticipated _____ (circle one)	
10. Other remarks or clarification regarding employee's income: _____ _____ _____	

I attest I have confirmed all information on EV to be correct and when necessary have clarified missing or unclear information.

Print Name _____

Date _____

Signature _____

Page 1 of this form may be faxed, emailed, or mailed. This form should not be hand carried. Forms returned via mail must be accompanied by the postmarked envelope. The Owner/Manager is responsible for exercising due diligence when collecting income information.



Title _____





AFFIDAVIT OF RECURRING MONETARY &/OR NON MONETARY GIFTS

Printed Name of Person Giving Gift hereby attest that I provide recurring monetary contributions to Print Name of Person Receiving Gift

This gift is given in the amount of \$ _____ per _____
week, month, year

I hereby attest the statements made herein are accurate and true.

Signature of Gift Giver _____ Date _____

Address of Gift Giver

NON-MONETARY CONTRIBUTIONS

I hereby attest that I provide recurring non-monetary contributions to _____.

Item (s)	Monthly Monetary Value
Item (s)	Monthly Monetary Value
Item (s)	Monthly Monetary Value

I will continue this monetary contribution until _____ / _____ / _____
month day year

I hereby attest the statements made herein are accurate and true.

Signature of Gift Giver _____ Date _____

Phone number of Gift Giver _____ Address of Gift Giver _____

(STATE OF) (COUNTY OF)

I, the undersigned Notary Public in and for the aforesaid County and State, do hereby certify that on this day the foregoing instrument

Given under my hand and seal this _____ day of _____ 20____

Given under my hand and seal this _____ day of _____, 20____.

Signed

(notary seal) Notary Public, State of

My commission expires





Employment Verification

This form may be emailed, faxed or mailed, but not hand carried. Forms returned by mail must include the envelope.

Property Name [REDACTED] Phone [REDACTED] Fax* [REDACTED]
 Employer Name [REDACTED] Phone [REDACTED] Fax* [REDACTED]
 Attention: [REDACTED]
 Employer Address [REDACTED]

*Fax or Email address [REDACTED]

Authorization to Release Information

I authorize the above-mentioned employer to release all information requested below regarding my employment status and compensation.

Applicant/Resident Printed Name [REDACTED]

Applicant/Resident Signature [REDACTED]

Date 2/26/18

Last four of social [REDACTED]

The above referenced individual has made application for residency at our community. The individual lists your company as the current or anticipated employer. This community operates under the IRS Section 42 program or other Federal program, which requires income verification. In order to determine eligibility for housing, this form must be completed by an authorized representative of your company. All information provided will be held in strict confidence but may be shared with state and federal agencies. We appreciate your prompt attention to this verification. Please complete this form in its entirety. If you have any questions, please feel free to contact us at the number listed above. Thank you,

Printed Name of Management Representative [REDACTED]

Signature [REDACTED]

Date 4/28/18

Please complete this form in its entirety. If a section does not apply please list "No" or "0":

1. Position/ Title OPS Employment Security Rep I
2. Date of Hire 10-9-2017 Or Expected Start date
3. Gross pay before deductions: (Please select hourly rate or annual rate of pay)
 Hourly \$12.70 x 35 VARIES (\$23,114 Annually) \$8903.09 through Pay 4/27/18 DAY 4/27/18 Base Pay

4. Is employee compensated for overtime: (Approximate or best guess hours going forward. You may use previous year as a guide)

 Yes No

If yes, Average OT hours worked/week

@ overtime rate

5. Please list year to date income (before taxes & deductions) \$ 8903.09 As of: 4/12/18 Pay Period Ending Date

Please answer each question below for anticipated earnings. Does this employee receive:

6. Commissions? Yes No If yes, anticipated amt \$ _____ Per: Wk/Mo/Yr or other
7. Bonuses? Yes No If yes, anticipated amt \$ _____ Per: Wk/Mo/Yr or other
8. Tips? Yes No If yes, anticipated amt \$ _____ Per: Wk/Mo/Yr or other
9. Other Pay? Yes No If yes, anticipated amt \$ _____ Per: Wk/Mo/Yr or other

10. Do you anticipate a pay increase for this employee in the next 12 months? Yes No

If yes, amount of increase: \$ _____ Per: HR / Wk / Mo / YR

11. Other Remarks PAID Hourly for Hours worked only

I certify that the information given is true and complete to the best of my knowledge. I also certify that I have the authority to provide this information on behalf of this company/agency. I have read and understood the penalty warning at the bottom of this form.

5/1/18

Date

Signature of the Employer or Authorized Representative [REDACTED]

Printed Name of Employer/Representative [REDACTED]

1106.18, Section 1106 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. Hub and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosure or improper use of information collected based on the content 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 this provision 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. ** Violation of these provisions are cited as violations of 42 U.S.C. Section ** 408 (a) (6), (7), and (8).**

Use \$ 27,722.20





Employment Verification

This form may be emailed, faxed or mailed, but not hand carried. Forms returned by mail must include the envelope.

Property Name
Employer Name
Attentive
Employer Address

Phone _____ Fax _____
Phone _____ Fax _____
Fax or Email address _____

Authorization to Release Information

I authorize the above-mentioned employer to release all information requested below regarding my employment status and compensation.

2/26/18

Date _____ Last four of social

Applicant/Resident Printed Name

Applicant/Resident Signature

The above referenced individual has made application for residency at our community. The individual lists your company as the current or anticipated employer. This community operates under the IRS Section 42 program or other Federal program, which requires income verification. In order to determine eligibility for housing, this form must be completed by an authorized representative of your company. All information provided will be held in strict confidence but may be shared with state and federal agencies. We appreciate your prompt attention to this verification. Please complete this form in its entirety. If you have any questions, please feel free to contact us at the number listed above. Thank you,

4/28/18

Worked here since 2017,
start at 1/1/2018 unless
it puts them over, then
use the beginning
pay period for the last
pay period in prior year.

Please complete this form in its entirety. If a section does not apply please list "No" or "0":

1. Position/ Title DPS Employment Security Rep I
2. Date of Hire 09-2017 Or Expected Start date
3. Gross pay before deductions: (Please select hourly rate or annual rate of pay)

Telephone
clarify
number of
hours and
obtain most
recent four
pay stubs.

Hourly	<u>\$12.70</u>	<u>X</u>	<u>35 VARIES</u>	Annually	<u>\$8903.09</u>	<u>through Pay</u>
Rate						<u>4/27/18</u>
Employee compensated for overtime: (Approximate or best guess hours going forward. You may use previous year as a guide)						
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, Average OT hours worked/week				
<input checked="" type="checkbox"/> overtime rate						
Please list year to date income (before taxes & deductions)						<u>\$ 8903.09</u>
As of:						<u>4/12/18</u>
						<u>Pay Period Ending Date</u>

Please answer each question below for anticipated earnings. Does this employee receive:

6. Commissions? Yes No If yes, anticipated amt \$ _____ Per: Wk/Mo/Yr or other
7. Bonuses? Yes No If yes, anticipated amt \$ _____ Per: Wk/Mo/Yr or other
8. Tips? Yes No If yes, anticipated amt \$ _____ Per: Wk/Mo/Yr or other
9. Other Pay? Yes No If yes, anticipated amt \$ _____ Per: Wk/Mo/Yr or other

10. Do you anticipate a pay increase for this employee in the next 12 months? Yes No

If yes, amount of increase: \$ _____ Per: HR / Wk / Mo / YR

11. Other Remarks

I certify that the information given is true and complete to the best of my knowledge. I also certify that I have the authority to provide this information on behalf of this company/agency. I have read and understood the penalty warning at the bottom of this form.

5/1/18

Date

Signature of the Employer or Authorized Representative

Printed Name of Employer/Representative

Title 45, Section 2001 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 or the United States Government. HUD and any authorized employee of HUD or the owner may be subject to penalties for wrongful disclosure or for improper use of information collected based on the information form. Use of the information contained based on this verification form is restricted to the purpose cited above. Any person who knowingly or willfully requests, obtains or discloses any information under this procedure concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligence disclosure of information may bring civil actions for damages and seek other relief, as may be appropriate, and the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. ** Violation of these provisions are cited as violations of 42 U.S.C. Section 3604(h)(2)(C) and (D).**







Employment Verification

This form may be emailed, faxed or mailed, but not hand carried. Forms returned by mail must include the envelope.

Property Name _____ Phone _____ ^{2X*}
Employer Name _____ Phone _____ Fax*
Attention: _____ *Fax or Email address
Employer Address _____

Authorization to Release Information

I authorize the above-mentioned employer to release

employment status and compensation.

Applicant/Resident Printed Name _____

Applicant/Resident Signature _____

4/4/18

Last four of social

The above referenced individual has made application for residency at our community. The individual lists your company as the current or anticipated employer. This community operates under the IRS Section 42 program or other Federal program, which requires income verification. In order to determine eligibility for housing, this form must be completed by an authorized representative of your company. All information provided will be held in strict confidence but may be shared with state and federal agencies. We appreciate your prompt attention to this verification. Please complete this form in its entirety. If you have any questions, please feel free to contact us at the number below. Thank you.

Printed Name of Management Representative _____

Signature _____

4/4/18

Please complete this form in its entirety. If a section does not apply please list "No" or "0":

1. Position/ Title Skills

A reasonable person
would expect to see
commissions when in
sales. Verify

2. Date of Hire 1-1-2016 Or Expected Start date

3. Gross pay before deductions: (Please select hourly rate or annual rate of pay)

Hourly \$ 10 X 40 Annually \$ 29,100.00
Rate Ave wky hrs

Base Pay

4. Is employee compensated for overtime: (Approximate or best guess hours going forward. You may use previous year as a guide)

Yes No If yes, Average OT hours worked/week _____ @ overtime rate _____

5. Please list year to date income (before taxes & deductions) \$ 10,910.00 As of: 05-03-2018
Pay Period Ending Date

Please answer each question below for anticipated earnings. Does this YTD Greater at

\$32,326...commissions?

6. Commissions? Yes No If yes, anticipated amt \$ 32,326 Per: Wk/Mo/Yr or other

7. Bonuses? Yes No If yes, anticipated amt \$ 0 Per: Wk/Mo/Yr or other

8. Tips? Yes No If yes, anticipated amt \$ 0 Per: Wk/Mo/Yr or other

9. Other Pay? Yes No If yes, anticipated amt \$ 0 Per: Wk/Mo/Yr or other

10. Do you anticipate a pay increase for this employee in the next 12 months? Yes No

If yes, amount of increase: \$ _____ Per: HR / Wk / Mo / YR

11. Other Remarks:

I certify that the information given is true and complete to the best of my knowledge. I also certify that I have the authority to provide this information on behalf of this company/agency. I have read and understood the penalty warning at the bottom of this form.

Date



FAKE CHECK STUBS

check numbers are consecutive.

Pay Date	2/2/2018	Employee Name	Employee ID	Check Number:
Tax Status	1	Federal Allowance (From W-4)	1	Hours Worked 60
Hourly Rate	\$14.25	Overtime Rate (per hour)	\$0.00	Sick Hours 0
Social Security Tax	\$70.88	Federal Income Tax	\$116.98	Vacation Hours 0
Medicare Tax	\$16.53	GA Tax	\$68.40	Overtime \$0
Insurance Deduction	\$0.00	401K	\$0.00	Gross Pay \$1,140.00
Total Taxes and Regular Deductions	\$272.59	YTD Amount	\$3,420.00	YTD Deductions \$817.77
				Net Pay \$867.41

WAYS TO SPOT FAKE CHECK STUBS:

Be diligent! There are companies advertising on-line to provide check stubs, W-2's, tax-returns, etc.

1. Appearance: If they look unusual or have too much info or too simple as shown above, use your instincts. They are probably fake.
2. Count the number of checks between pay periods. If they vary greatly between pay periods, they could be fake. If the number of checks between pay periods seem too large for the size business the applicant/tenant works for, they're probably fake.
3. Check the Federally prescribed withholdings: For 2019, withholdings for the employee's share of social security withholdings is 6.2% of gross income. For Unemployment, it is 0.6%, and for Medicare, the tax rate is 1.45%. Also, make sure overtime is at time and one-half.
4. It is unusual for an hourly person to make the exact same amount per pay period. Unless they are salaried, you should see some changes in gross income, especially around peak times of their season. For example, a Macy's employee would have more hours during the holidays, and landscapers during Spring and Summer.
5. Check year to date totals from paycheck to paycheck.

If you suspect fraud, call the employer by looking up the number in Google, not the number shown on the applicant's application. If they answer "Hello," you may have a problem. If you are calling a larger corporation, as for HR. Some residents use their check format and reconstruct their checks to the amounts they need to qualify.

One fail-proof way to check anticipated earnings is to ask for their prior year's tax transcript if they worked for the same company in a prior year (keeping in mind, of course, when a full year may not have been worked).

If they claim to work for the same employer at recent, check the current pay stubs to last year's. All you can do is the best you can. If someone is trying to commit fraud, they usually will slip up at recertification and forget what they told you at move-in.

You cannot catch all fraud and we are not detectives, but we would be remiss if we suspect something and failed to follow-up and document the file.



Check Number :

6780

Period:	2/16/2018	Employee Name	Employee ID
Tax Status	1	Federal Allowance (From W-4)	1
Hourly Rate	\$14.25	Overtime Rate (per hour)	\$0.00
Social Security Tax	\$70.68	Federal Income Tax	\$116.98
Medicare Tax	\$16.53	GA Tax	\$68.40
Insurance Deduction	\$0.00	401K	\$0.00
Total Taxes and Regular Deductions	\$272.59	YTD Amount	\$4,560.00
			YTD Deductions \$1,090.36
			Net Pay \$867.41

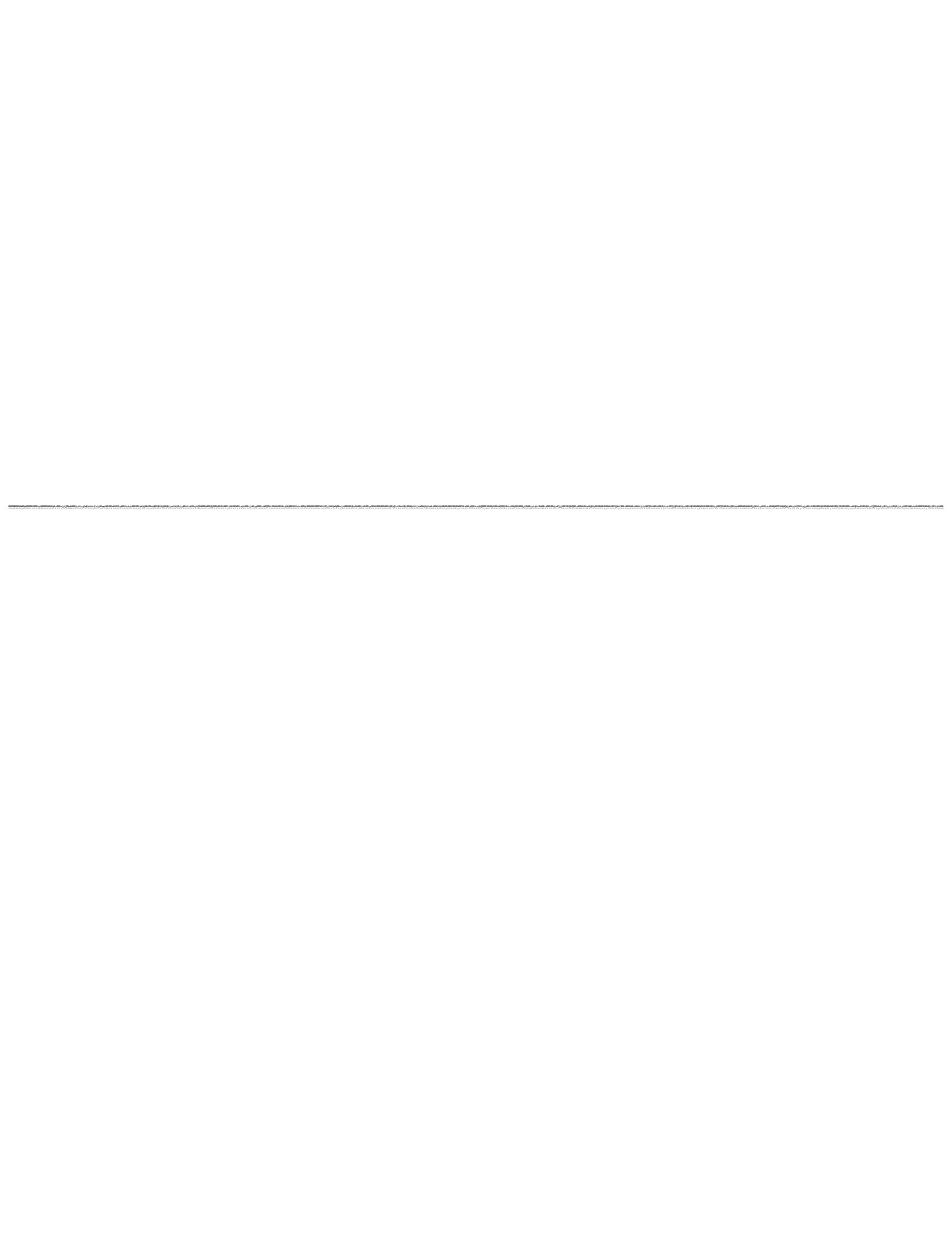
Same pay amount



Check Number : 6781

Pay Date:	3/2/2018	Employee Name:	Employee ID:
Tax Status	1	Federal Allowance (From W-4)	1
Hourly Rate	\$14.25	Overtime Rate (per hour)	\$0.00
Social Security Tax	\$70.68	Federal Income Tax	\$116.98
Medicare Tax	\$16.53	GA Tax	\$58.40
Insurance Deduction	\$0.00	401K	\$0.00
Total Taxes and Regular Deductions	\$272.59	YTD Amount	\$5,700.00
			YTD Deductions \$1,362.55
			Net Pay \$387.41

Look for description of withholdings. Most won't use the term "tax."
They use rate or withholding. You rarely see Federal Income "Tax."



Check Number : 6782

Period:	3/16/2018	Employee Name:	Employee ID:
Tax Status	1	Federal Allowance (From W-4)	1
Hourly Rate	\$14.25	Overtime Rate (per hour)	\$0.00
Social Security Tax	\$70.68	Federal Income Tax	\$116.98
Medicare Tax	\$16.53	GA Tax	\$68.40
Insurance Deduction	\$0.00	401K	\$0.00
Total Taxes and Regular Deductions	\$272.68	YTD Amount	\$6,840.00
			YTD Deductions \$1,635.54
			Net Pay \$867.41



Check Number : 6783

Period:	3/30/2018	Employee Name:	Employee ID:
Tax Status	1	Federal Allowance (From W-4)	1
Hourly Rate	\$14.25	Overtime Rate (per hour)	\$0.00
Social Security Tax	\$70.68	Federal Income Tax	\$116.98
Medicare Tax	\$16.53	GA Tax	\$68.40
Insurance Deduction	\$0.00	401K	\$0.00
Total Taxes and Regular Deductions	\$272.59	YTD Amount	\$7,980.00
			YTD Deductions \$1,908.13
			Net Pay: \$867.41



Check Number : 6784

Period:	4/13/2018	Employee Name:	Employee ID:
Tax Status	1	Federal Allowance (From W-4)	1
Hourly Rate	\$14.25	Overtime Rate (per hour)	\$0.00
Social Security Tax	\$70.68	Federal Income Tax	\$116.98
Medicare Tax	\$16.53	GA Tax	\$68.40
Insurance Deduction	\$0.00	401K	\$0.00
Total Taxes and Regular Deductions	\$272.59	YTD Amount	\$9,120.00
			Gross Pay \$1,140.00
			Net Pay \$867.41





Instant Paycheck Stubs

24/7 Customer Support

Secured by

Create Pay Stubs Online!

Conveniently make Real Check Stubs Quickly and Easily! Give it a try and it won't take you long and you can even sample your paycheck st

BUILD YOUR PAY STUB

"Great service! I had my pay stubs in hand after just a few moments. Fast and easy!"

"Generator does all the work. I love it! We've been using checkstubmaker.com for our small business for a couple of months now. Can't beat the convenience."



Enter Info



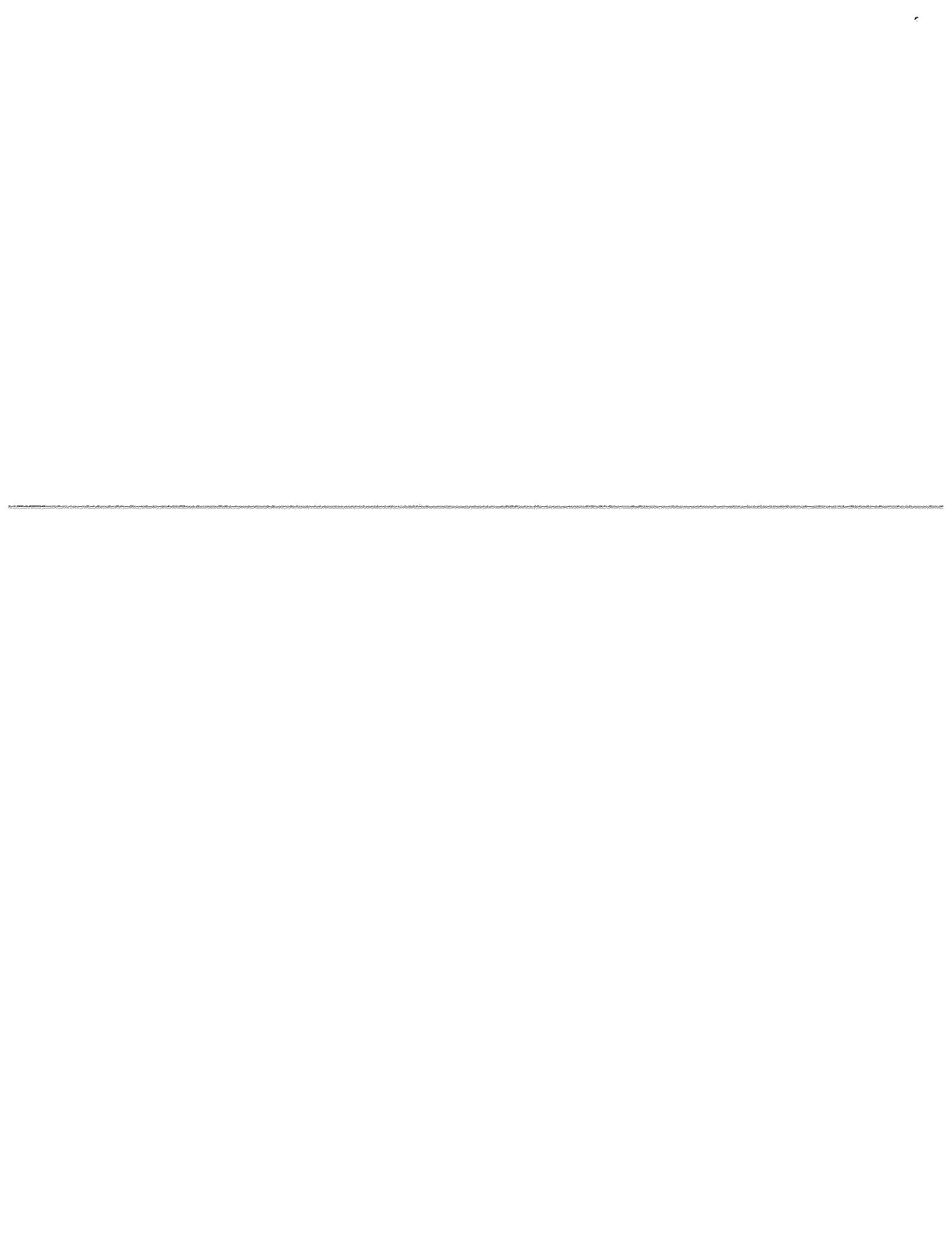
Preview Stub



Complete Order

Simply the best way

Anytime you need a pay stub, it's effective to generate one online.



Sample Stub

Any Company USA
123 Central Avenue, Suite 500
Boston, MA USA

EARNING STATEMENT

EMPLOYEE NAME/ADDRESS	SSN	REPORTING PERIOD	PAY DATE	#		
John Doe, 123 Sample Street, Boston MA	xxxxxx1234	09/29/2014 - 10/05/2014	10/07/2014	1234		
INCOME	RATE	HOURS	CURRENT PAY	DEDUCTIONS	TOTAL	YTD TOTAL
GROSS EARNING	15.00	10	150	STATUTORY DEDUCTIONS		
				FED - MEDICARE	10.70	348.00
				FED - SOC. SECURITY	37.20	1488.00
				FEDERAL TAX	75.10	3004.00
				STATE TAX	0.00	0.00
YTD GROSS	YTD DEDUCTIONS	YTD NET PAY	TOTAL	DEDUCTIONS	NET PAY	
24000.00	4840.00	19160.00	600.00	121.00	479.00	

purchase you'll be co
print or download you





UNEMPLOYED AFFIDAVIT

Property Name: _____

I, _____ understand that the apartment community for which application is being made is financed through a program governed by the Internal Revenue Service wherein qualifications for occupancy may require that income, including declared income, be *included and verified or documented*. I understand that providing false information may jeopardize my residency at these apartments and may be punishable under federal or state statutes. The following statement(s) is true and correct to the best of my knowledge, information and belief:

(Check ONE)

- UNEMPLOYED - NOT SEEKING:** I am not presently employed and do not anticipate becoming employed within the next twelve months.
- UNEMPLOYED - SEEKING:** I am not presently employed and I do anticipate becoming employed within the next twelve months. Based on my past work experience, skills, and income history, I expect to earn \$ _____ per year when I become employed. This anticipated estimate of earnings is supported by:

(Check ONE)

- Most recent IRS Tax Return Transcript (~~NOT 1040 TAX RETURN~~)
- Unemployment Benefit/Award Letter showing earnings from previous year or 12 month period
- Self-certification. I am not currently receiving unemployment benefits and have not filed a recent Tax Return. (Must complete the Tax Return Affidavit)
- Minimum affordable housing program participation requirements (AHA, HACG, HANO, etc.)
- Other (Identify) _____

Explanation: _____

I swear and affirm via my signature appearing below that this declaration is in fact and in implication a true and correct assertion of my expectation, or lack thereof, of income.

Applicant/Resident Signature

Date

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____

Notary Public

NOTARY PUBLIC

State of _____
County of _____
My Commission Expires _____

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to willfully falsify a material fact or make a false statement in any matter within the jurisdiction of a federal agency.





SELF EMPLOYED AFFIDAVIT

Property Name: _____

I, _____, (Applicant/Resident) understand that the apartment community for which application is being made is financed through a program governed by the Internal Revenue Service and/or the U.S. Department of Housing and Urban Development wherein qualifications for occupancy require that certain income, including self-employment income, be included and *verified*. I understand that providing false information may jeopardize my residency at these apartments and may be punishable under federal or state statutes. The following statement(s) is true and correct to the best of my knowledge, information and belief:

(1) I am self-employed in the business of **Must match Schedule C** (Occupation) and able to furnish verification of income received from my business.

If employed for more than a tax yr., must have filed taxes

a. Business Name: **Must match Schedule C**

b. Business Address: _____

Address

City

State

Zip Code

c. I have been employed in this manner since _____ / _____ / _____

(2) To the best of my knowledge, I expect to earn \$ **TIC Amount** within the next twelve months from this business. This estimate of earnings is supported by:

(Check All that Apply)

- Previous year's IRS Tax Transcript
- Business Receipts or Check Stubs Received Year-to-Date / Financial Statements
- Accountant's / Bookkeeper's Statement (Audited or Unaudited)
- Profit and Loss Statement from Accountant or Financial Statement Where Loan Obtained
- Other (Identify): _____

(3) _____ I understand the IRS requirement for showing taxpayer due diligence is satisfied by providing a copy of my tax return transcript from the previous tax year showing business income or loss claimed on IRS Form 1040 Schedule C or E for this business. Also, if I began working as a self-employed individual during the current tax year, I understand that my continued eligibility requires my self-employment income to be properly claimed on future tax returns and presented to Management upon request.

Deliberate misrepresentation of income must be reported to the IRS's Suspected Tax Fraud Hotline. This Affidavit is true and complete. Any misrepresentation herein will be considered a material breach of the Lease and will subject me to immediate eviction.

I swear and affirm via my signature appearing below that this declaration is in fact and in implication a true and correct assertion of my expectation, or lack thereof, of income and household composition.

Applicant/Resident Signature _____

Date _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____

Net income shown on the tax transcript is the income that is used to qualify the household 2.5 times the rent (or 2.0 times for elderly).

Notary Public _____

State of _____

County of _____

My Commission Expires _____

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to willfully falsify a material fact or make a false statement in any matter within the jurisdiction of a federal agency.





TAX RETURN AFFIDAVIT

Date: _____

Unit

1. I, _____, do hereby swear and affirm that I did not file a tax return for the calendar year, _____ for the following reason(s):

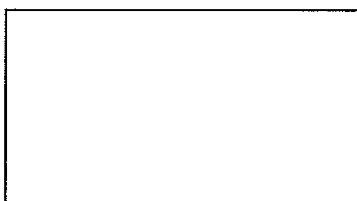
2. The year I last filed a tax return was: _____ (Tax Transcript from last year filed must be provided by calling 1-800-TAX-1040).
 3. I understand that this affidavit is given to determine my qualifications under the, Section 42 of the Internal Revenue Code. Deliberate misrepresentation of income must be reported to the IRS's Suspected Tax Fraud Hotline.

Resident/Applicant Signature

Date

NOTARY

Before me personally appeared _____
who acknowledged to me that he/she executed the foregoing instrument this _____ day of
, 20 .



Seal

Notary Public
State of _____
My Commission Expires _____



Form 1040

Department of the Treasury—Internal Revenue Service

(99)

U.S. Individual Income Tax Return

2013

OMB No. 1545-0074

IRS Use Only—Do not write or staple in this space.

For the year Jan. 1-Dec. 31, 2013, or other tax year beginning

, 2013, ending

, 20

See separate instructions.

Your first name and initial

Last name

Your social security number

If a joint return, spouse's first name and initial

Last name

Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions.

Apt. no.

A Make sure the SSN(s) above and on line 6c are correct.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).

Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. You Spouse

Foreign country name

Foreign province/state/county

Foreign postal code

Filing Status

- 1 Single
2 Married filing jointly (even if only one had income)
3 Married filing separately. Enter spouse's SSN above and full name here ►

4 Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here ►

- 5 Qualifying widow(er) with dependent child

Check only one box.

Exemptions

- 6a Yourself. If someone can claim you as a dependent, do not check box 6a.
b Spouse

c Dependents:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)
				<input type="checkbox"/>

If more than four dependents, see instructions and check here ►

- d Total number of exemptions claimed

Boxes checked on 6a and 6b

No. of children on 6c who:

- lived with you
- did not live with you due to divorce or separation (see instructions)

Dependents on 6c not entered above

Add numbers on lines above ►

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see instructions.

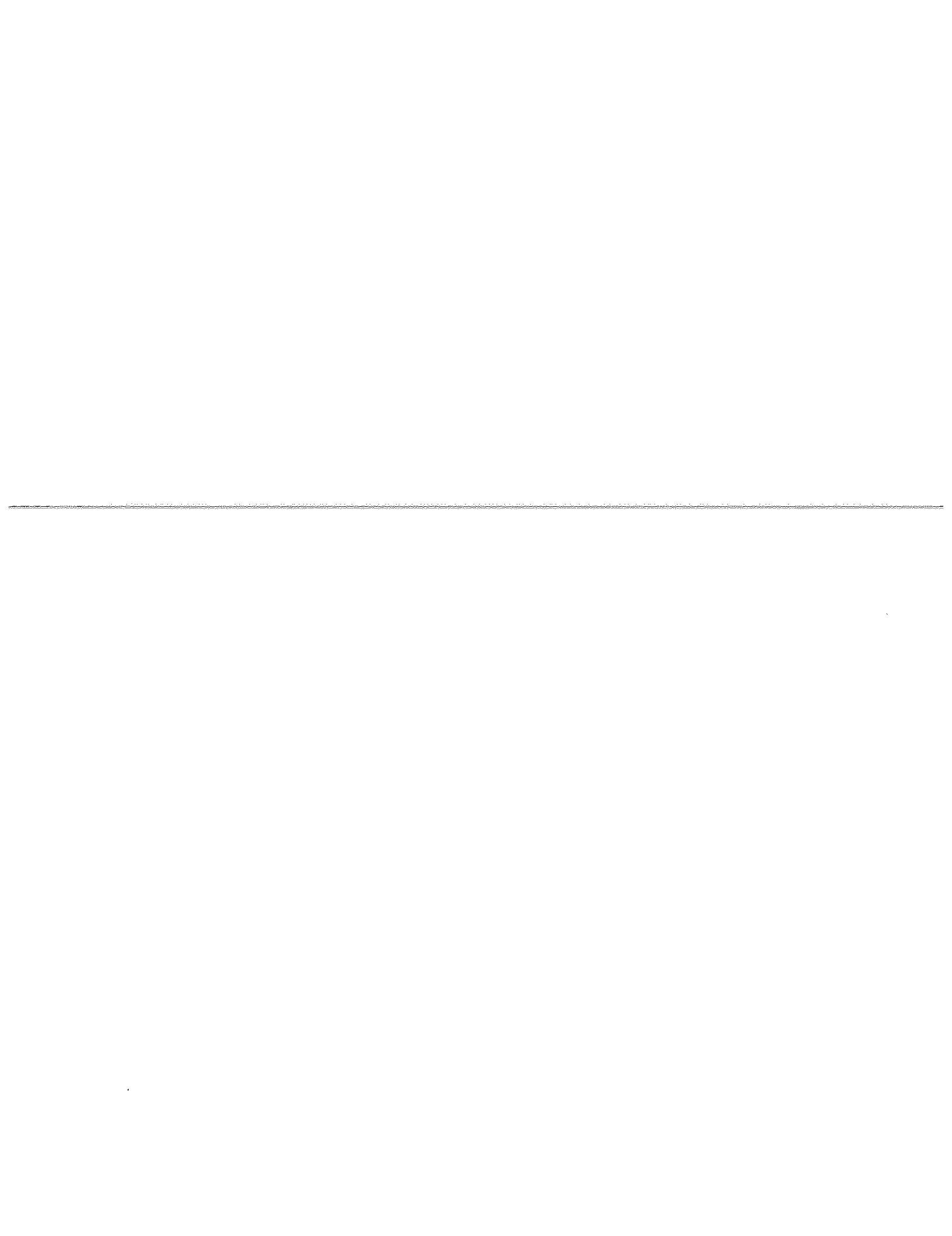
- 7 Wages, salaries, tips, etc. Attach Form(s) W-2
8a Taxable interest. Attach Schedule B if required
b Tax-exempt interest. Do not include on line 8a
9a Ordinary dividends. Attach Schedule B if required
b Qualified dividends
10 Taxable refunds, credits, or offsets of state and local income taxes
11 Alimony received
12 Business income or (loss). Attach Schedule C or C-EZ
13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ►
14 Other gains or (losses). Attach Form 4797
15a IRA distributions 15a b Taxable amount
16a Pensions and annuities 16a b Taxable amount
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E
18 Farm income or (loss). Attach Schedule F
19 Unemployment compensation
20 Social security benefits 20a b Taxable amount
21 Other income. List type and amount
22 Combine the amounts in the far right column for lines 7 through 21. This is your total income ►

7	
8a	
9a	
10	
11	
12	
13	
14	
15b	
16b	
17	
18	
19	
20b	
21	
22	

Adjusted Gross Income

- 23 Educator expenses
24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ
25 Health savings account deduction. Attach Form 8889
26 Moving expenses. Attach Form 3903
27 Deductible part of self-employment tax. Attach Schedule SE
28 Self-employed SEP, SIMPLE, and qualified plans
29 Self-employed health insurance deduction
30 Penalty on early withdrawal of savings
31a Alimony paid b Recipient's SSN ► 31a
32 IRA deduction
33 Student loan interest deduction
34 Tuition and fees. Attach Form 8917
35 Domestic production activities deduction. Attach Form 8903
36 Add lines 23 through 35
37 Subtract line 36 from line 22. This is your adjusted gross income ►

Not considered for tax credit properties.



Tax and Credits		38 Amount from line 37 (adjusted gross income)	38	
Standard Deduction for—		39a Check <input type="checkbox"/> You were born before January 2, 1949, <input type="checkbox"/> Blind. Total boxes if: <input type="checkbox"/> Spouse was born before January 2, 1949, <input type="checkbox"/> Blind. checked ► 39a <input type="checkbox"/>	39a	
• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.		b If your spouse itemizes on a separate return or you were a dual-status alien, check here ► 39b <input type="checkbox"/>	39b	
• All others: Single or Married filing separately, \$6,100		40 Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	
Married filing jointly or Qualifying widow(er), \$12,200		41 Subtract line 40 from line 38	41	
Head of household, \$8,950		42 Exemptions. If line 38 is \$150,000 or less, multiply \$3,900 by the number on line 6d. Otherwise, see instructions	42	
		43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	
		44 Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44	
		45 Alternative minimum tax (see instructions). Attach Form 6251	45	
		46 Add lines 44 and 45	46	
		47 Foreign tax credit. Attach Form 1116 if required	47	
		48 Credit for child and dependent care expenses. Attach Form 2441	48	
		49 Education credits from Form 8863, line 19	49	
		50 Retirement savings contributions credit. Attach Form 8880	50	
		51 Child tax credit. Attach Schedule 8812, if required	51	
		52 Residential energy credits. Attach Form 5695	52	
		53 Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	53	
		54 Add lines 47 through 53. These are your total credits	54	
		55 Subtract line 54 from line 46. If line 54 is more than line 46, enter -0- ►	55	
Other Taxes		56 Self-employment tax. Attach Schedule SE	56	
		57 Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	57	
		58 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	58	
		59a Household employment taxes from Schedule H	59a	
		b First-time homebuyer credit repayment. Attach Form 5405 if required	59b	
		60 Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	60	
		61 Add lines 55 through 60. This is your total tax ►	61	
Payments		62 Federal income tax withheld from Forms W-2 and 1099	62	
If you have a qualifying child, attach Schedule EIC.		63 2013 estimated tax payments and amount applied from 2012 return	63	
		64a Earned income credit (EIC)	64a	
		b Nontaxable combat pay election 64b	64b	
		65 Additional child tax credit. Attach Schedule 8812	65	
		66 American opportunity credit from Form 8863, line 8	66	
		67 Reserved	67	
		68 Amount paid with request for extension to file	68	
		69 Excess social security and tier 1 RRTA tax withheld	69	
		70 Credit for federal tax on fuels. Attach Form 4136	70	
		71 Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	71	
		72 Add lines 62, 63, 64a, and 65 through 71. These are your total payments ►	72	
Refund		73 If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid	73	
		74a Amount of line 73 you want refunded to you. If Form 8888 is attached, check here ► <input type="checkbox"/>	74a	
Direct deposit? See instructions.		b Routing number <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ► c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
		d Account number <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
		75 Amount of line 73 you want applied to your 2014 estimated tax ► 75	75	
Amount You Owe		76 Amount you owe. Subtract line 72 from line 61. For details on how to pay, see instructions ►	76	
		77 Estimated tax penalty (see instructions)	77	
Third Party Designee		Do you want to allow another person to discuss this return with the IRS (see instructions)? <input type="checkbox"/> Yes. Complete below. <input type="checkbox"/> No		
		Designee's name ►	Phone no. ►	Personal identification number (PIN) ► <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Sign Here		Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
Joint return? See instructions. Keep a copy for your records.		Your signature	Date	Your occupation
		Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation
				If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Paid Preparer Use Only		Print/Type preparer's name	Preparer's signature	Date
		Firm's name ►	Firm's EIN ►	
		Firm's address ►	Phone no.	
				Check <input type="checkbox"/> if self-employed PTIN



SCHEDULE C
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business
(Sole Proprietorship)

OMB No. 1545-0074

► Information about Schedule C and its separate instructions is at www.irs.gov/schedulec.
► Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

2014
Attachment
Sequence No. 09

Name of proprietor

Social security number (SSN)

A Principal business or profession, including product or service (see instructions)

B Enter code from instructions

C Business name. If no separate business name, leave blank.

D Employer ID number (EIN), (see instr.)

Compare name to Self-App

E Business address (including suite or room no.) ►

City, town or post office, state, and ZIP code

F Accounting method: (1) Cash (2) Accrual (3) Other (specify) ►

G Did you "materially participate" in the operation of this business during 2014? If "No," see instructions for limit on losses. Yes No

H If you started or acquired this business during 2014, check here ►

I Did you make any payments in 2014 that would require you to file Form(s) 1099? (see instructions) Yes No

J If "Yes," did you or will you file required Forms 1099? Yes No

Part I Income

- 1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked ►
- 2 Returns and allowances
- 3 Subtract line 2 from line 1
- 4 Cost of goods sold (from line 42)
- 5 Gross profit. Subtract line 4 from line 3
- 6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)
- 7 Gross income. Add lines 5 and 6 ► 7

1	
2	
3	
4	
5	
6	
7	

Part II Expenses. Enter expenses for business use of your home only on line 30.

- 8 Advertising 8
- 9 Car and truck expenses (see instructions) 9
- 10 Commissions and fees 10
- 11 Contract labor (see instructions) 11
- 12 Depletion 12
- 13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions) 13
- 14 Employee benefit programs (other than on line 19) 14
- 15 Insurance (other than health) 15
- 16 Interest:
 - a Mortgage (paid to banks, etc.) 16a
 - b Other 16b
- 17 Legal and professional services 17
- 28 Total expenses before expenses for business use of home. Add lines 8 through 27a ►
- 29 Tentative profit or (loss). Subtract line 28 from line 7
- 30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions).

Simplified method filers only: enter the total square footage of: (a) your home: _____

and (b) the part of your home used for business: _____ Use the Simplified

Method Worksheet in the instructions to figure the amount to enter on line 30

- 31 Net profit or (loss). Subtract line 30 from line 29.
 - If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3.
 - If a loss, you must go to line 32.
- 32 If you have a loss, check the box that describes your investment in this activity (see instructions).
 - If you checked 32a, enter the loss on both Form 1040, line 12, (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3.
 - If you checked 32b, you must attach Form 6198. Your loss may be limited.

18	Office expense (see instructions)	18	
19	Pension and profit-sharing plans	19	
20	Rent or lease (see instructions): <ol style="list-style-type: none"> a Vehicles, machinery, and equipment b Other business property 	20a	
20b		21	
21	Repairs and maintenance	21	
22	Supplies (not included in Part III)	22	
23	Taxes and licenses	23	
24	Travel, meals, and entertainment: <ol style="list-style-type: none"> a Travel b Deductible meals and entertainment (see instructions) 	24a	
24b		24b	
25	Utilities	25	
26	Wages (less employment credits)	26	
27a	Other expenses (from line 48)	27a	
27b	Reserved for future use	27b	
28		28	
29		29	
30		30	
31		31	

Line 31 is the amount you must consider when qualifying the tenant 2.5 times the rent (2.0 elderly). You use this amount to compare to Self-Emp Aff.



Part III Cost of Goods Sold (see instructions)

33	Method(s) used to value closing inventory: a <input type="checkbox"/> Cost b <input type="checkbox"/> Lower of cost or market c <input type="checkbox"/> Other (attach explanation)
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation <input type="checkbox"/> Yes <input type="checkbox"/> No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation
36	Purchases less cost of items withdrawn for personal use
37	Cost of labor. Do not include any amounts paid to yourself
38	Materials and supplies
39	Other costs
40	Add lines 35 through 39
41	Inventory at end of year
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4

Part IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43	When did you place your vehicle in service for business purposes? (month, day, year) ► / /
44	Of the total number of miles you drove your vehicle during 2014, enter the number of miles you used your vehicle for:
a	Business _____
b	Commuting (see instructions) _____
c	Other _____
45	Was your vehicle available for personal use during off-duty hours? <input type="checkbox"/> Yes <input type="checkbox"/> No
46	Do you (or your spouse) have another vehicle available for personal use? <input type="checkbox"/> Yes <input type="checkbox"/> No
47a	Do you have evidence to support your deduction? <input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No

Part V Other Expenses. List below business expenses not included on lines 8-26 or line 30.

48	Total other expenses. Enter here and on line 27a	48



#18



Internal Revenue Service

United States Department of the Treasury

This Product Contains Sensitive Taxpayer Data

Request Date: 09-05-2014
 Response Date: 09-05-2014
 Tracking Number: 1

TAX RETURN TRANSCRIPT

SSN PROVIDED: _____
 TAX PERIOD ENDING: DEC 31, 2013

The following items reflect the amount as shown on the return (RA), and the amount as adjusted (RC), if applicable. They do not show subsequent activity on the account.

	SSN:	SPOUSE SSN:
NAME(S) SHOWN ON RETURN:		
ADDRESS:		
PILING STATUS:	Head of Household	
FORM NUMBER:	1040	
CYCLE POSTED:		
RECEIVED DATE:	Apr 15, 2014	
REMITTANCE:	\$0.00	
EXEMPTION NUMBER:	4	
DEPENDENT 1 NAME: CTRL		
DEPENDENT 1 SSN:		
DEPENDENT 2 NAME: CTRL		
DEPENDENT 2 SSN:		
DEPENDENT 3 NAME: CTRL		
DEPENDENT 3 SSN:		
DEPENDENT 4 NAME: CTRL		
DEPENDENT 4 SSN:		
IDENTITY INEPT PERSONAL ID NUMBER:	*****	
PTIN:		
PREPARER EIN:		
Income		
WAGES, SALARIES, TIPS, ETC:.....	\$10,349.00	
TAXABLE INTEREST INCOME: SCH B:.....	\$0.00	
TAX-EXEMPT INTEREST:.....	\$0.00	
ORDINARY DIVIDEND INCOME: SCH B:.....	\$0.00	
QUALIFIED DIVIDENDS:.....	\$0.00	
REFUNDS OF STATE/LOCAL TAXES:.....	\$0.00	
ALIMONY RECEIVED:.....	\$0.00	
BUSINESS INCOME OR LOSS (Schedule C).....	\$7,227.00	→
BUSINESS INCOME OR LOSS: SCH C PER COMPUTER:.....	\$7,227.00	
CAPITAL GAIN OR LOSS: (Schedule D).....	\$0.00	
CAPITAL GAINS OR LOSSES: SCH D PER COMPUTER.....	\$0.00	
OTHER GAINS OR LOSSES (Form 4797):.....	\$0.00	
TOTAL IRA DISTRIBUTIONS:.....	\$0.00	
TAXABLE IRA DISTRIBUTIONS:.....	\$0.00	
TOTAL PENSIONS AND ANNUITIES:.....	\$0.00	
TAXABLE PENSION/ANNUITY AMOUNT:.....	\$0.00	
RENT/ROYALTY/PARTNERSHIP/ESTATE (Schedule E).....	\$0.00	
RENT/ROYALTY/PARTNERSHIP/ESTATE (Schedule E) PER COMPUTER:.....	\$0.00	
RENT/ROYALTY INCOME/LOSS PER COMPUTER:.....	\$0.00	
ESTATE/TRUST INCOME/LOSS PER COMPUTER:.....	\$0.00	
PARTNERSHIP/S-CORP INCOME/LOSS PER COMPUTER:.....	\$0.00	
FARM INCOME OR LOSS (Schedule F).....	\$0.00	
FARM INCOME OR LOSS (Schedule F) PER COMPUTER:.....	\$0.00	
UNEMPLOYMENT COMPENSATION:.....	\$1,194.00	
TOTAL SOCIAL SECURITY BENEFITS:.....	\$0.00	
TAXABLE SOCIAL SECURITY BENEFITS:.....	\$0.00	
TAXABLE SOCIAL SECURITY BENEFITS PER COMPUTER:.....	\$0.00	
OTHER INCOME:.....	\$0.00	
SCHEDULE EIC BE INCOME PER COMPUTER:.....	\$6,716.00	
SCHEDULE EIC EARNED INCOME PER COMPUTER:.....	\$17,065.00	
SCH EIC DISQUALIFIED INC COMPUTER:.....	\$0.00	
TOTAL INCOME:.....	\$18,779.00	
TOTAL INCOME PER COMPUTER:.....	\$18,779.00	
Adjustments to Income		
EDUCATOR EXPENSES:.....	\$0.00	
EDUCATOR EXPENSES PER COMPUTER:.....	\$0.00	
RESERVIST AND OTHER BUSINESS EXPENSE:.....	\$0.00	

Also had employment as well as self-employed income.

Self-Employed Income.

→ DOES THIS EXCEED
 VERIFIED INCOME?

REVIEW THESE AS WELL



TAX ON QUALIFIED PLANS F5329 (PR)	\$0.00
TAX ON QUALIFIED PLANS F5329 PER COMPUTER.....	\$0.00
IRAF TAX PER COMPUTER.....	\$0.00
TP TAX FIGURES (REDUCED BY IRAF) PER COMPUTER.....	\$1,021.00
IMP TOTAL TAX (REDUCED BY IRAP) PER COMPUTER.....	\$1,021.00
OTHER TAXES PER COMPUTER.....	\$0.00
UNPAID FICA ON REPORTED TIPS.....	\$0.00
OTHER TAXES.....	\$0.00
RECAPTURE TAX: F6611.....	\$0.00
HOUSEHOLD EMPLOYMENT TAXES.....	\$0.00
HOUSEHOLD EMPLOYMENT TAXES PER COMPUTER.....	\$0.00
RECAPTURE TAXES.....	\$0.00
TOTAL ASSESSMENT PER COMPUTER.....	\$1,021.00
TOTAL TAX LIABILITY TP FIGURES.....	\$1,021.00
TOTAL TAX LIABILITY TP FIGURES PER COMPUTER.....	\$1,021.00

Payments

FEDERAL INCOME TAX WITHHELD.....	\$120.00
COBRA PREMIUM SUBSIDY.....	\$0.00
ESTIMATED TAX PAYMENTS.....	\$0.00
OTHER PAYMENTS CREDIT.....	\$0.00
MAKING WORK PAY AND GOV'T RET CREDIT PER COMPUTER.....	\$0.00
REFUNDABLE EDUCATION CREDIT.....	\$0.00
REFUNDABLE EDUCATION CREDIT PER COMPUTER.....	\$0.00
REFUNDABLE EDUCATION CREDIT VERIFIED.....	\$0.00
EARNEED INCOME CREDIT.....	\$5,887.00
EARNEED INCOME CREDIT PER COMPUTER.....	\$5,887.00
EARNEED INCOME CREDIT NONTAXABLE COMBAT PAY.....	\$0.00
SCHEDULE 8812 NONTAXABLE COMBAT PAY.....	\$0.00
EXCESS SOCIAL SECURITY & RETA TAX WITHHELD.....	\$0.00
SCHEDULE 8812 TOT SS/MEDICARE WITHHELD.....	\$752.00
SCHEDULE 8812 ADDITIONAL CHILD TAX CREDIT.....	\$2,110.00
SCHEDULE 8812 ADDITIONAL CHILD TAX CREDIT PER COMPUTER.....	\$2,110.00
SCHEDULE 8812 ADDITIONAL CHILD TAX CREDIT VERIFIED.....	\$0.00
AMOUNT PAID WITH FORM 4856.....	\$0.00
FORM 4139 REGULATED INVESTMENT COMPANY CREDIT.....	\$0.00
FORM 4136 CREDIT FOR FEDERAL TAX ON FUELS.....	\$0.00
FORM 4136 CREDIT FOR FEDERAL TAX ON FUELS PER COMPUTER.....	\$0.00
HEALTH COVERAGE TX CR: F6885.....	\$0.00
FORM 8801 REFUNDABLE CREDIT FOR PRIOR YEAR MIN. TAX.....	\$0.00
FIRST TIME HOME BUYER CREDIT PER COMPUTER.....	\$0.00
FIRST TIME HOME BUYER CREDIT.....	\$0.00
FIRST TIME HOME BUYER CREDIT VERIFIED.....	\$0.00
PRIMARY NAP FIRST TIME HOME BUYER INSTALLMENT AMT.....	\$0.00
SECONDARY NAP FIRST TIME HOME BUYER INSTALLMENT AMT.....	\$0.00
FIRST TIME HOMESUER CREDIT REPAYMENT AMOUNT.....	\$0.00
FORM 2555 COMBINED EARNED INCOME AMOUNT PER COMPUTER.....	\$0.00
FORM 5405 TOTAL HOMEBUYERS CREDIT REPAYMENT PER COMPUTER.....	\$0.00
SMALL EMPLOYER HEALTH INSURANCE PER COMPUTER.....	\$0.00
SMALL EMPLOYER HEALTH INSURANCE PER COMPUTER (2).....	\$0.00
FORM 2439, 8801, and OTHER CREDIT TOTAL AMT.....	\$0.00
TOTAL PAYMENTS.....	\$6,117.00
TOTAL PAYMENTS PER COMPUTER.....	\$6,117.00

Refund or Amount Owed

REFUND AMOUNT.....	-\$7,096.00
APPLIED TO NEXT YEAR'S ESTIMATED TAX.....	\$0.00
ESTIMATED TAX PENALTY.....	\$0.00
TAX ON INCOME LESS STATE REFUND PER COMPUTER.....	\$0.00
SAL DUE/OVER PYMT USING TP FIG PER COMPUTER.....	-\$7,096.00
SAL DUE/OVER PYMT USING COMPUTER FIGURES.....	-\$7,096.00
FORM 8888 TOTAL REFUND PER COMPUTER.....	\$0.00

Third Party Designee

THIRD PARTY DESIGNEE ID NUMBER.....	██████████
AUTHORIZATION INDICATOR.....	1
THIRD PARTY DESIGNEE NAME.....	██████████ HR BLOCK

→ Schedule C--Profit or Loss From Business **SELF-EMPLOYED**

SOCIAL SECURITY NUMBER.....	██████████
EMPLOYER ID NUMBER.....	██████████
BUSINESS NAME.....	██████████
DESCRIPTION OF BUSINESS/PROFESSION.....	██████████
NAICS CODE.....	██████████
ACCT MTHD.....	N
FIRST TIME SCHEDULE C FILED.....	N
STATUTORY EMPLOYEE IND:.....	N

INCOME

GROSS RECEIPTS OR SALES.....	\$10,675.00
RETURNS AND ALLOWANCES.....	\$0.00
NET GROSS RECEIPTS.....	\$0.00
COST OF GOODS SOLD.....	\$0.00
NO.	NO
SCHEDULE C FORM 1099 REQUIRED.....	NONE
SCHEDULE C FORM 1099 FILED.....	NONE
OTHER INCOME.....	\$0.00

* COMPARE TO CURRENT YEAR



EXPENSES

CAR AND TRUCK EXPENSES	\$0.00
DEPRECIATION	\$1.00
INSURANCE (OTHER THAN HEALTHY)	\$1.00
MORTGAGE INTEREST	\$9.00
LEGAL AND PROFESSIONAL SERVICES	\$0.00
REPAIRS AND MAINTENANCE	\$0.00
TRAVEL	\$0.00
MEALS AND ENTERTAINMENT	\$0.00
WAGES	\$0.00
OTHER EXPENSES	\$0.00
TOTAL EXPENSES	\$9,062.00
LESS FOR BUSINESS USE OF HOME	\$0.00
TOTAL G NET PROFIT OR LOSS PER COMPUTER	\$7,227.00
AT RISK CD	\$0.00
OFFICE EXPENSE AMOUNT	\$0.00
UTILITIES EXPENSE AMOUNT	\$0.00

COST OF GOODS SOLD

INVENTORY AT BEGINNING OF YEAR	\$3.00
INVENTORY AT END OF YEAR	\$0.00

Schedule SE- Self-Employment Tax

20% OF SELF-EMPLOYED TAXPAYER	\$0.00
NET FARM PROFIT/LOSS SCH F	\$0.00
CONSERVATION RESERVE PROGRAM PAYMENTS	\$0.00
NET NONFARM PROFIT/LOSS	\$7,227.00
TOTAL OF INCOME	\$7,227.00
SE COMPUTERS COVERED	\$0
TOTAL OF TAX PER COMPUTER	\$1,031.11
EE INCOME COMPUTER VERIFIED	\$0.00
EE INCOME PER COMPUTER	\$56,674.00
TOTAL NET EARNINGS PER COMPUTER	\$56,674.00

LONG FORM ONLY

RENTAL/RENTAL CHURCH EARNINGS	\$0.00
TOTAL SOC SEC & RR WAGES	\$0.00
EE 6% TAX COMPUTER	\$827.57
EE MEDICARE INCOME PER COMPUTER	\$56,674.00
EE MEDICARE TAX PER COMPUTER	\$193.54
EE FARM OPTION METHOD USED	\$0
EE OPTIONAL METHOD INCOME	\$0.00

Schedule EIC- Earned Income Credit

QUALIFIED EIC DEPENDENTS	3
--------------------------	-------	---

CHILD 1

CHILD'S NAME ENTITL	
SSN	
YEAR OF BIRTH	1997
STUDENT/DISABLED	0
NUMBER OF MONTHS CHILD LIVED WITH YOU	12
CHILD'S RELATIONSHIP TO YOU	son or daughter

CHILD 2

CHILD'S NAME ENTITL	
SSN	
YEAR OF BIRTH	1997
STUDENT/DISABLED	0
NUMBER OF MONTHS CHILD LIVED WITH YOU	12
CHILD'S RELATIONSHIP TO YOU	son or daughter

CHILD 3

CHILD'S NAME ENTITL	
SSN	
YEAR OF BIRTH	
STUDENT/DISABLED	0
NUMBER OF MONTHS CHILD LIVED WITH YOU	12
CHILD'S RELATIONSHIP TO YOU	son or daughter

Form 8953 - Education Credits (Hope and Lifetime Learning Credits)

PART I: ALLOWABLE EDUCATION CREDITS

TOTAL EDUCATION CR PER COMPUTER	\$0.00
TOTAL EDUCATION CRDIT AMOUNT	\$0.00
TOTAL EDUCATION CRDIT AMOUNT PER COMPUTER	\$0.00

Form 8957 Paid Preparer's Earned Income Credit Checklist

TAPESTRY QUALIFYING CHILD OF ANOTHER	NO box checked
--------------------------------------	-------	----------------

Prior year's "net" earnings are only a starting point to see if the resident "anticipates" a reasonable amount for the current twelve-month period. Never show "gross" earnings on TIC or Self-Employed Affidavit. It is their best estimate of current net earnings for certification purposes.

If they show children on tax return, but not on application ask occupants, question why.



CHILD 1 RELATIONSHIP TO TAXPAYER:..... Yes box checked
CHILD 2 RELATIONSHIP TO TAXPAYER:..... Yes box checked
CHILD 3 RELATIONSHIP TO TAXPAYER:..... Yes box checked
CHILD 1 LIVES WITH TAXPAYER:..... Yes box checked
CHILD 2 LIVES WITH TAXPAYER:..... Yes box checked
CHILD 3 LIVES WITH TAXPAYER:..... Yes box checked
CHILD 1 CLAIMED BY OTHER PERSON:..... No box checked
CHILD 2 CLAIMED BY OTHER PERSON:..... No box checked
CHILD 3 CLAIMED BY OTHER PERSON:..... No box checked
CHILD 1 RELATIONSHIP TO OTHERS:
..... No relationship indicated or determination can be made
CHILD 2 RELATIONSHIP TO OTHERS:
..... No relationship indicated or determination can be made
CHILD 3 RELATIONSHIP TO OTHERS:
..... No relationship indicated or determination can be made
CHILD 1 TIEBREAKER RULES:..... None of the boxes checked
CHILD 2 TIEBREAKER RULES:..... None of the boxes checked
CHILD 3 TIEBREAKER RULES:..... None of the boxes checked
FORM 8867 INFORMATION PROVIDED BY TAXPAYER:..... Yes box checked
PARENTS NOT CLAIMING CHILD:.....³
TIEBREAKER RULES EXPLAINED:.....
ADDITIONAL QUESTIONS TO MEET KNOWLEDGE REQUIREMENT:..... Yes
ADDITIONAL QUESTIONS DOCUMENTED:..... Yes
RESIDENCY OF QUALIFYING CHILD/CHILDREN: .. No documents, but made notes in file
DISABILITY OF QUALIFYING CHILD/CHILDREN: .. No disabled child
DOCUMENTS OR OTHER INFORMATION TO CONFIRM EXISTENCE OF BUSINESS: .. No documents
This Product Contains Sensitive Taxpayer Data



HEALTH SAVINGS ACCT DEDUCTION:	\$0.00
HEALTH SAVINGS ACCT DEDUCTION PER COMPUTER:	\$0.00
MOVING EXPENSES: F8903:	\$0.00
SELF EMPLOYMENT TAX DEDUCTION:	\$511.00
SELF EMPLOYMENT TAX DEDUCTION PER COMPUTER:	\$511.00
KEOGH/SEP CONTRIBUTION DEDUCTION:	\$0.00
SELF-EMP HEALTH INS DEDUCTION:	\$0.00
EARLY WITHDRAWAL OF SAVINGS PENALTY:	\$0.00
ALIMONY PAID SSN:	\$0.00
ALIMONY PAID:	\$0.00
IRA DEDUCTION:	\$0.00
IRA DEDUCTION PER COMPUTER:	\$0.00
STUDENT LOAN INTEREST DEDUCTION:	\$0.00
STUDENT LOAN INTEREST DEDUCTION PER COMPUTER:	\$0.00
TUITION AND FEES DEDUCTION:	\$0.00
TUITION AND FEES DEDUCTION PER COMPUTER:	\$0.00
JURY DUTY PAY DEDUCTION:	\$0.00
DOMESTIC PRODUCTION ACTIVITIES DEDUCTION:	\$0.00
OTHER ADJUSTMENTS:	\$0.00
ARCHER MSA DEDUCTION:	\$0.00
ARCHER MSA DEDUCTION PER COMPUTER:	\$0.00
TOTAL ADJUSTMENTS:	\$511.00
TOTAL ADJUSTMENTS PER COMPUTER:	\$511.00
ADJUSTED GROSS INCOME:	\$18,259.00
ADJUSTED GROSS INCOME PER COMPUTER:	\$18,259.00

Tax and Credits

65-OR-OVER:	NO
BLIND:	NO
SPOUSE 65-OR-OVER:	NO
SPOUSE BLIND:	NO
STANDARD DEDUCTION PER COMPUTER:	\$8,550.00
ADDITIONAL STANDARD DEDUCTION PER COMPUTER:	\$0.00
TAX TABLE INCOME PER COMPUTER:	\$9,309.00
EXEMPTION AMOUNT PER COMPUTER:	\$15,600.00
TAXABLE INCOME:	\$0.00
TAXABLE INCOME PER COMPUTER:	\$0.00
TOTAL POSITIVE INCOME PER COMPUTER:	\$18,770.00
TENTATIVE TAX:	\$0.00
TENTATIVE TAX PER COMPUTER:	\$0.00
FORM 6514 ADDITIONAL TAX AMOUNT:	\$0.00
TAX ON INCOME LESS SOC SEC INCOME PER COMPUTER:	\$0.00
FORM 6251 ALTERNATIVE MINIMUM TAX:	\$0.00
FORM 6251 ALTERNATIVE MINIMUM TAX PER COMPUTER:	\$0.00
FOREIGN TAX CREDIT:	\$0.00
FOREIGN TAX CREDIT PER COMPUTER:	\$0.00
FOREIGN INCOME EXCLUSION PER COMPUTER:	\$0.00
FOREIGN INCOME EXCLUSION TAX PER COMPUTER:	\$0.00
CHILD & DEPENDENT CARE CREDIT:	\$0.00
CHILD & DEPENDENT CARE CREDIT PER COMPUTER:	\$0.00
CREDIT FOR ELDERLY AND DISABLED:	\$0.00
CREDIT FOR ELDERLY AND DISABLED PER COMPUTER:	\$0.00
EDUCATION CREDIT:	\$0.00
EDUCATION CREDIT PER COMPUTER:	\$0.00
GROSS EDUCATION CREDIT PER COMPUTER:	\$0.00
RETIREMENT SAVINGS CNTRB CREDIT:	\$0.00
RETIREMENT SAVINGS CNTRB CREDIT PER COMPUTER:	\$0.00
PRIM RET SAV CNTRB: F8680 LNS6:	\$0.00
SEC RET SAV CNTRB: F8680 LNS6:	\$0.00
TOTAL RETIREMENT SAVINGS CONTRIBUTION: F8680 CMTR:	\$0.00
RESIDENTIAL ENERGY CREDIT:	\$0.00
RESIDENTIAL ENERGY CREDIT PER COMPUTER:	\$0.00
CHILD TAX CREDIT:	\$0.00
CHILD TAX CREDIT PER COMPUTER:	\$0.00
ADOPTION CREDIT: F8839:	\$0.00
ADOPTION CREDIT PER COMPUTER:	\$0.00
FORM 6835 REFUND ADOPTION CREDIT AMOUNT:	\$0.00
DC 1ST TIME HOMEBUYERS CREDIT:	\$0.00
DC 1ST TIME HOMEBUYERS CREDIT PER COMPUTER:	\$0.00
FORM 8395 MORTGAGE CERTIFICATE CREDIT:	\$0.00
FORM 8395 MORTGAGE CERTIFICATE CREDIT PER COMPUTER:	\$0.00
F8600, F8801 AND OTHER CREDIT AMOUNT:	\$0.00
FORM 8800 GENERAL BUSINESS CREDITS:	\$0.00
FORM 8800 GENERAL BUSINESS CREDITS PER COMPUTER:	\$0.00
PRIOR YR MIN TAX CREDIT: F8601:	\$0.00
PRIOR YR MIN TAX CREDIT: F8601 PER COMPUTER:	\$0.00
F8814 ELECTRIC VEHICLE CREDIT AMOUNT:	\$0.00
F8936 ELECTRIC MOTOR VEHICLE CREDIT AMOUNT:	\$0.00
F8810 ALTERNATIVE MOTOR VEHICLE CREDIT AMOUNT:	\$0.00
OTHER CREDITS:	\$0.00
TOTAL CREDITS:	\$0.00
TOTAL CREDITS PER COMPUTER:	\$0.00
INCOME TAX AFTER CREDITS PER COMPUTER:	\$0.00

→ LOOK FOR STUDENT STATUS

Other Taxes

SE TAX:	\$1,021.00
SE TAX PER COMPUTER:	\$1,021.00
SOCIAL SECURITY AND MEDICARE TAX ON UNREPORTED TIPS:	\$0.00
SOCIAL SECURITY AND MEDICARE TAX ON UNREPORTED TIPS PER COMPUTER:	\$0.00



[TYPE YOUR PROPERTY NAME HERE]
 [TYPE YOUR STREET ADDRESS HERE]
 [TYPE YOUR CITY, STATE, ZIP HERE]
 PHONE: [TYPE YOUR PHONE HERE]
 FAX: [TYPE YOUR FAX HERE]

CHILD SUPPORT AFFIDAVIT

I, _____ do hereby attest that I understand that the apartment community for which application is being made is financed through a program governed by the Internal Revenue Service wherein qualifications for occupancy require that certain income, including child support, be included and verified. The following statements are true and correct to the best of my knowledge, information, and belief. I further understand that providing false information on this form may jeopardize my residency at these apartments and may be punishable under federal or state statutes.

(Check all boxes which apply)

I certify that I am entitled to support for the following children (the full ordered amount must be listed):

Child	Amount per (week, bi-weekly, monthly)	verified Via legal agreement/document
Court Awarded Child Support \$	per	
\$		
\$		
\$		

Child Support has not been ordered to be paid through the courts, but recurring support is received in the form of (list all that apply) (example: diapers, cash, clothing, etc):

Child	Amount per (week, bi-weekly, monthly)	Verified Via Provider Affidavit
	\$ per	
Groceries and Day Care payments "...made directly to the childcare provider by persons not living in the unit are excluded from annual income."		

Child Support has been court ordered. However, no support is being received.

Child	Amount per (week, bi-weekly, monthly)	Verified via documented Attempt to enforce
If "legal action" has not been taken, child support must be included as income.		

Child Support has not been court ordered and I am not receiving voluntary payments or contributions. I do not anticipate receiving support within the next 12 months.

Child	Child	Child
If you determine the applicant was married to the child/children's absentee parent, a divorce decree with a copy of the settlement agreement, if applicable, must be obtained.		

Applicant/Resident Signature

Date

Sworn and subscribed before me this _____ day of _____, 20____.

(notary seal)

Notary Signature _____

Notary Public, State of _____

My commission expires _____

CHECK
BANK
STATEMENT:
FOR
REGULAR
DEPOSITS







CHILD SUPPORT/NONSUPPORT TELEPHONE VERIFICATION

Applicant/Resident Name: _____ Unit No.: _____

Social Security No.(Parent/Guardian): _____ Date: _____

Child Name(s): _____

I understand that this property must document verifications of income, assets, and other matters pertaining to occupants of the apartment. To comply with this regulation, I have contacted the following agency:

Georgia Division of Child Support Services at the following phone number: 844-694-2347

This verification is given as a backup to the Child Support Affidavit given by the resident/applicant wherein they declare that they do not receive child support and that there has never been a court order issued awarding child support. The following payment schedule, if found, is recorded through the above referenced automated number(s).

CHECK HISTORY RECORD FOUND: YES _____ NO _____

CHECK HISTORY RECORDED: Date: Amount:

*Only use if
they claim no
court order or a court
order in effect or not
receiving child support.*

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

INFORMATION VERIFIED BY: _____

Management Staff

TITLE: _____

DATE: _____

Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to willfully falsify a material fact or make a false statement in any matter within the jurisdiction of a federal agency.







AFFIDAVIT OF RECURRING MONETARY &/OR NON MONETARY GIFTS

I _____ hereby attest that I provide recurring monetary contributions to _____
Printed Name of Person Giving Gift *Print Name of Person Receiving Gift*

This gift is given in the amount of \$ _____ per _____
week, month, year

I will continue this monetary contribution until _____ / _____ / _____.
month day year

I hereby attest the statements made herein are accurate and true.

Signature of Gift Giver

Date _____

Address of Gift Giver

Phone number of Gift Giver

NON-MONETARY CONTRIBUTIONS

I _____ hereby attest that I provide recurring non-monetary contributions to _____
Printed Name of Person Giving Gift *Print Name of Person Receiving Gift*

Item (s)

\$ _____
Monthly Monetary Value

Item (s)

\$ _____
Monthly Monetary Value

Item (s)

\$ _____
Monthly Monetary Value

I will continue this monetary contribution until _____ / _____ / _____.
month day year

I hereby attest the statements made herein are accurate and true.

Signature of Gift Giver

Date _____

Address of Gift Giver

Phone number of Gift Giver

(STATE OF _____) (COUNTY OF _____).

I, the undersigned Notary Public in and for the aforesaid County and State, do hereby certify that on this day the foregoing instrument was produced to me in the aforesaid County and State and acknowledged and delivered before me.

Given under my hand and seal this _____ day of _____, 20 _____.

Signed

(notary seal)

Notary Public, State of _____

My commission expires _____

PENALTIES FOR MISUSE: Title 18, Section 1001 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any department or agency of the U.S. Government.





Student Verification

This verification is being delivered in connection with eligibility for residency at:

Property Name _____

Property Address _____

Unit Number (if assigned) _____

Please direct any questions about this form to: _____

<Property Contact>

<Title>

<Phone>

I hereby grant the disclosure of the information requested below from:

Name of Institution _____

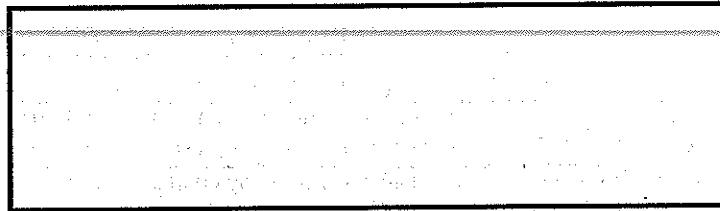
Signature _____

Date _____

Printed Name _____

Student ID # _____

Please return the form to:



THIS SECTION TO BE COMPLETED BY EDUCATIONAL INSTITUTION

The above-named individual is or will be a resident in housing that requires verification of student status.

Please provide the following information:

Is the above-named a student or have they applied to be a student at this educational institution? Yes No

From January to December of this calendar year, have they been enrolled as a FULL-TIME student? Yes No

If full-time, the student has been enrolled as FULL-TIME from _____ to _____
month month

From January to December of this calendar year, have they been enrolled as a PART-TIME student? Yes No

Expected date of graduation: _____

I hereby certify that the information supplied in this section is true and complete to the best of my knowledge.

Signature _____

Date _____

Printed Name _____

Telephone _____

Title _____

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.

Student Verification

This verification is being delivered in connection with eligibility for residency at:

Property Name «sitename»
Property Address «siteaddressline1and2», «siteaddresscity», «siteaddressstate»
«siteaddresszipcode»
Unit Number (if assigned) «unitnumber»

Please direct any questions about this form to: «sitepropertymanager»
Property Manager
«sitephonenumbers»

I hereby grant the disclosure of the information requested below from:

Name of Institution

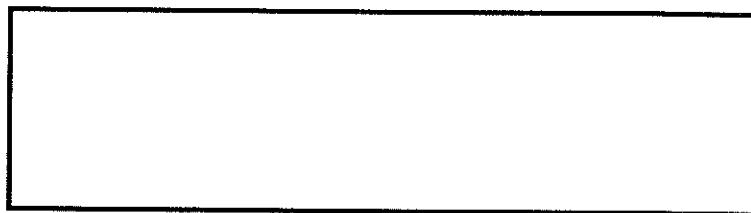
Signature

Date

Printed Name

Student ID #

Please return the form to:



THIS SECTION TO BE COMPLETED BY EDUCATIONAL INSTITUTION

The above-named individual is or will be a resident in housing that requires verification of student status.

Please provide the following information:

Is the above-named a student or have they applied to be a student at this educational institution? Yes No

From January to December of this calendar year, have they been enrolled as a FULL-TIME student? Yes No

If full-time, the student has been enrolled as FULL-TIME from month to month.

From January to December of this calendar year, have they been enrolled as a PART-TIME student? Yes No

Expected date of graduation: _____

I hereby certify that the information supplied in this section is true and complete to the best of my knowledge.

Signature

Date

Printed Name

Telephone

Title

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.





HOME STUDENT CERTIFICATION

The HOME program has enacted student rules which apply to all apartments which received HOME program funding. Certain students are not allowed to live at this community unless they meet one of the applicable exceptions.

Applicant/Resident [Click here to enter Applicant/Resident's name.](#)

Date [Click here to select date.](#)

Community [Click here to enter Community name.](#)

Apt. No. [Click here to enter apt. no.](#)

To be completed by each household member 18 years of age or older at every initial or annual or interim certification.

Are you a student at an institution of higher education*, full or part time?

Yes **No**

If not now, do you plan to attend an institution of higher education*, full or part time?

*During the upcoming year - Institutes of higher education include post-secondary vocational institutions; "proprietary institutions of higher education" which prepare students for "gainful employment in a recognized occupation," and accredited post-secondary colleges and universities. If you are not sure, please mark "yes" and we will verify it.

If you answered no to both questions above then you are not considered a student for HOME program purposes, skip the following questions and sign below, otherwise, continue.

Exceptions

Yes **No**

1. Are you over 24 years of age?

2. Are you a veteran?

3. Are you married?

4. Do you have a dependent child living with you?

5. Are you a person with a disability and was receiving Section 8 assistance as of 11/30/05?

If you answered yes to any of the questions above, skip the next set of questions and sign below. Otherwise, continue.

6. Are you and your parents eligible for Section 8 assistance?

7. Are you independent from your parents?

8. Are you receiving any financial assistance to help pay for your education?

If you or another member of your household is found to be an ineligible student now or in the future, you may not be eligible to continue residency at the community. If HUD updates program rules, and as a result we determine at any time after move-in that you are ineligible for assistance, we will notify you by providing at least a 60-day notice, or the notice as stated in your lease agreement, whichever is greater, that your ability to live at the community has changed.

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my 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 / Resident

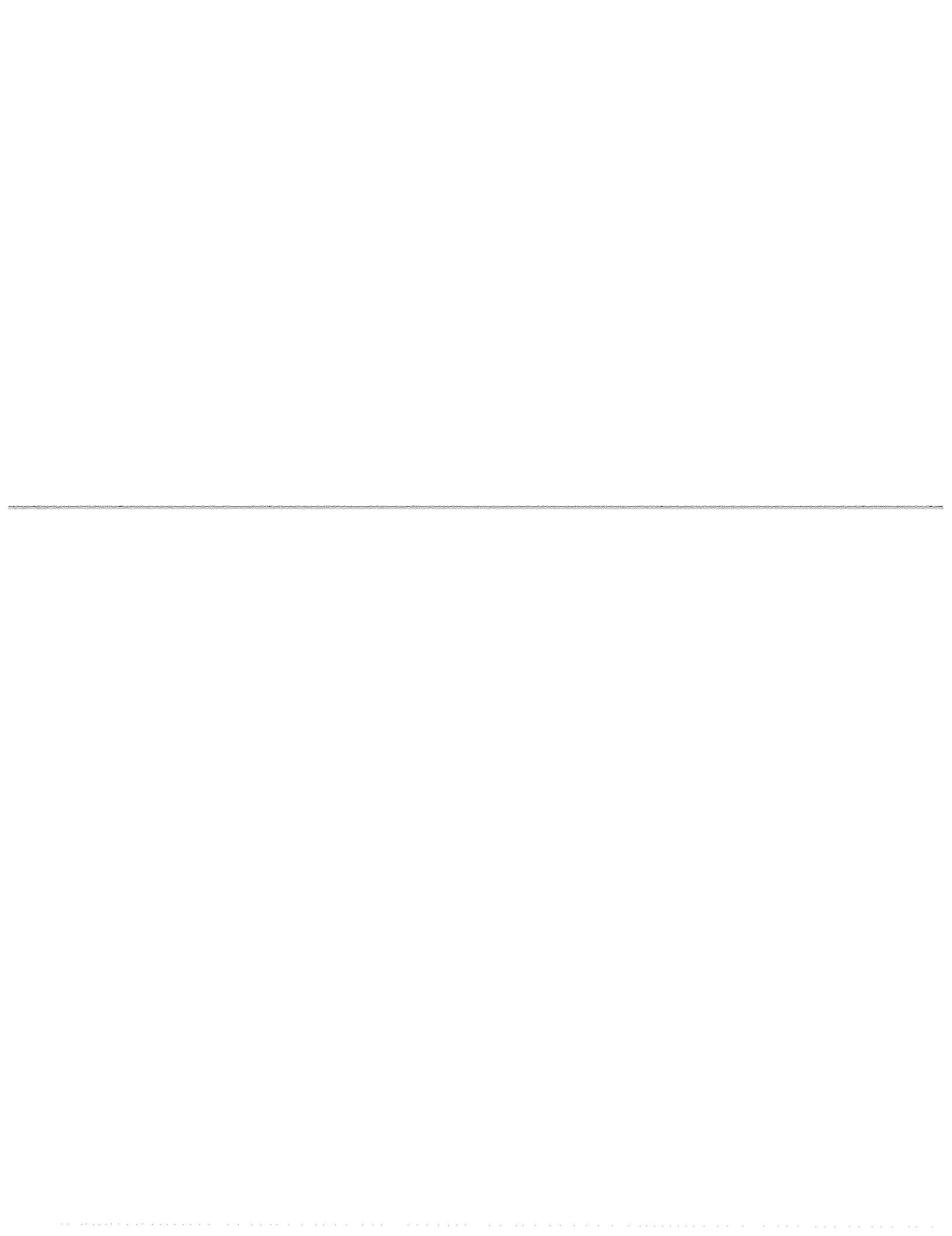
Printed Name of Applicant / Resident

Date

DCA HOME Student Form effective 3/1/2016

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 use 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 42 U.S.C. 208a (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408a (6), (7) and (8).







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:

MUST SHOW "ZERO" IF NONE

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	\$ <u>WATCH CK STAB5</u>	_____	\$ _____	Checking Account
\$ _____	_____	\$ _____	Cash on Hand	\$ _____	_____	\$ _____	Safety Deposit Box
\$ _____	_____	\$ _____	Certificates of Deposit	\$ _____	_____	\$ _____	Money market funds
\$ _____	_____	\$ _____	Stocks	\$ _____	_____	\$ _____	Bonds
\$ _____	_____	\$ _____	IRA Accounts	\$ _____	_____	\$ _____	401K Accounts
\$ _____	_____	\$ _____	Keogh Accounts	\$ _____	_____	\$ _____	Trust Funds
\$ <u>STILL OWN?</u>	_____	\$ _____	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. *EXPLAIN* 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. *HOW DO THEY PAY RENT?*

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 total gross annual income.

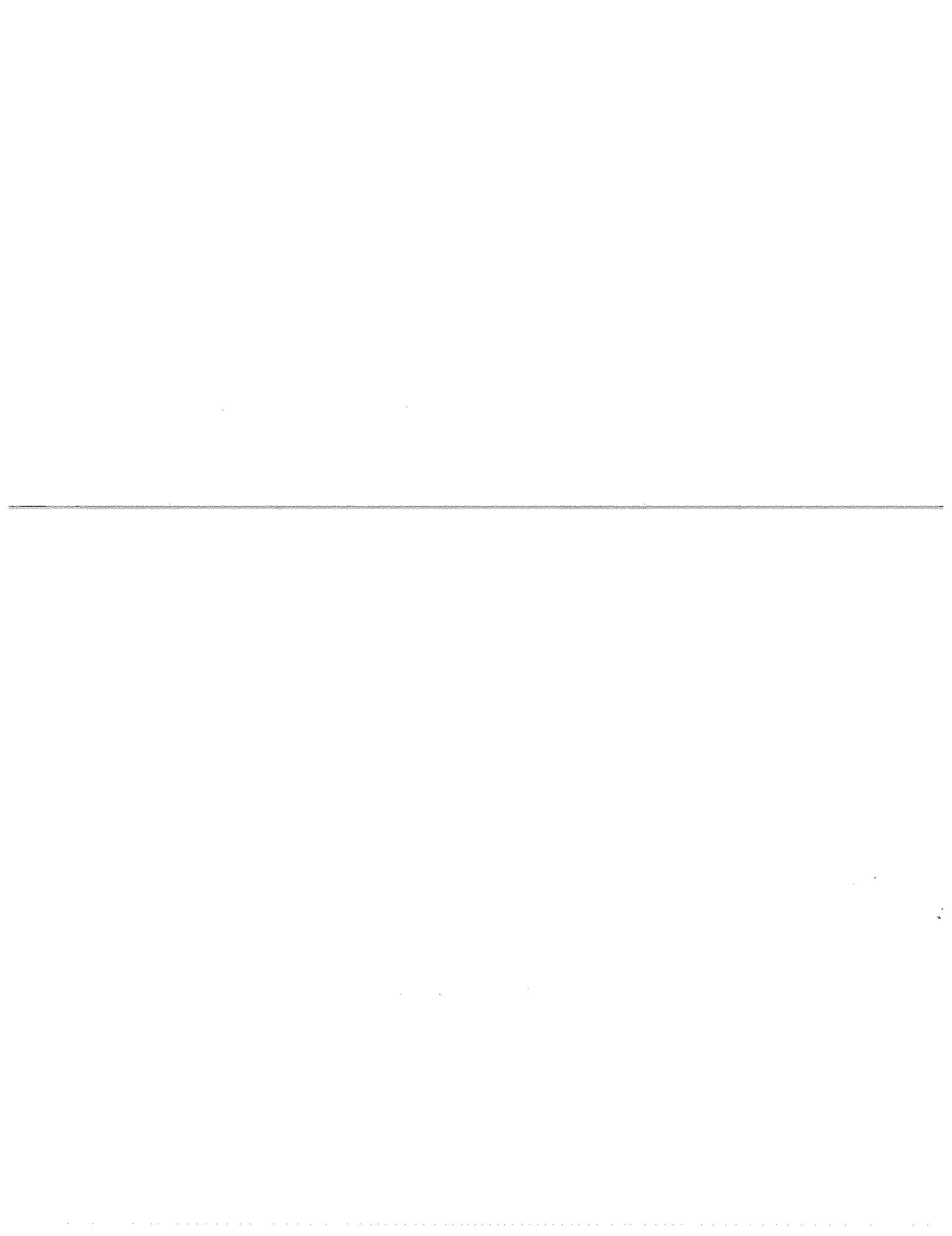
Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information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

Applicant/Tenant

Date

Applicant/Tenant

Date



BUILDING / UNIT # _____

ASSET VERIFICATION

Name of Institution: _____ Date: _____

Street Address: _____
City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____

RE:

Print Applicant/Resident's Name

Applicant/Resident's Social Security #

I hereby authorize release of the information requested below.

Signature of Applicant/Resident

Date Signed

The above person(s) has applied for residency or is a resident at _____, an apartment governed by the Federal Tax Credit Program provided for under Section 42. As part of our processing we must verify the household's assets. The individual authorizes the release of the required information by their signature above. The information you provide will be used only for the purpose of determining the household's eligibility and we hold this information in strict confidence. Your prompt return of this information by fax or in the enclosed envelope will be greatly appreciated.

Management Agent

CHECKING ACCOUNT

Account Holder	Account Number	Average 6 mos. Balance	Interest Rate, if any

SAVINGS ACCOUNT

Account Holder	Account Number	Present Balance	Annual Interest Rate	Withdrawal Penalty

CERTIFICATE OF DEPOSIT/TREASURY BILLS

Account Holder	Account Number	Present Balance	Annual Interest Rate/Dividends Capital Gains to be Earned	Amount Invested	Original Date	Withdrawal Penalty

401K PLAN/ANNUITY/IRA/PENSION/RETIREMENT ACCOUNT

Account Holder	Account Number	Present Balance	Annual Interest Rate/Dividends Capital Gains to be Earned	Amount Invested	Original Date	Withdrawal Penalty

Does applicant/resident have access to the Retirement Account prior to termination or retirement? YES NO



MUTUAL FUNDS/STOCK/BONDS/MONEY MARKETS/SECURITIES

Account Holder	Account Number	Present Balance	**Annual Interest Rate/Dividends & Capital Gains to be Earned	Amount Invested	Original Date	Withdrawal Penalty

**Please answer this question based on the income the asset is currently generating

REAL ESTATE HOLDING/PERSONAL PROPERTY (HELD AS AN INVESTMENT)

Account Holder	Account Number	Cash Value	Assessed Value	Fair Market Value

TRUST

- Type of Trust: (check one) Revocable Irrevocable
- The applicant/resident is the: (check one) Beneficiary or Grantor of the trust
- Value of Trust Fund Administered: \$ _____
- Anticipated Amount of Income to be earned by Trust over next 12 months: \$ _____
Is the Amount : (check one) Reinvested or Disbursed?

LIFE INSURANCE POLICY

Type of Policy: Term Life Insurance Universal or Whole Life Insurance

Current Cash value of Life Insurance Policy: \$ _____

Income or interest policy will generate over next 12 months,
(based on current circumstances) \$ _____

I certify that the information given above is true and complete to the best of my knowledge.

Name of Institution _____ Address _____

Representative Printed Name _____ Telephone # _____

Representative Position _____ E-Mail _____

Representative Signature _____ Date form completed _____

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.

OFFICE USE ONLY:

Date Received _____ Calculations _____



PRE-LEASE MANAGER'S CERTIFICATION

COLUMBIA
RESIDENTIAL
PROPERTY NAME: [REDACTED]

UNIT #: [REDACTED]

 INITIAL CERTIFICATION
 RECERTIFICATION DATE: [REDACTED]

HEAD OF HOUSEHOLD: [REDACTED]

Move-in Date List Actual for Recert & Anticipated Date for Move-in	5/18/2018	UNIT SIZE:	2	UNIT RENT:	\$ 878.00	TENANT PAID RENT:	\$ 771.00	UTILITY ALLOWANCE
HOUSEHOLD SIZE:	2	60% INCOME LIMIT	\$ 33,480	80% HOME RECERT OF LIMIT				
YARDI UNIT CODE:	[REDACTED]	60% HOME RECERT LIMIT	140% HOME RECERT OF LIMIT					

GROSS ANNUAL INCOME

Attach Detailed Income Calculation Tape for all Income in the Space Provided

TOTAL HOUSEHOLD INCOME: \$ 35,224.28 This is the amount listed in YardiTOTAL HOUSEHOLD ASSETS: \$ 80.00 This is the amount listed in Yardi

Application Date:	05/10/18	Application Expiration Date:	09/07/18
Income Verification Date:	05/10/18	Income Verification Expiration Date:	09/07/18
List the date of the earliest verification			
(Indicate "X" in all applicable Sections)			
HOME / NSP	ELDERLY (≥ 62)		
PHA	OLDER PERSON (55-61)		
PBRA	DISABLED		
MARKET PBRA	HOMELESS		
APPLIED APPLICANT	VETERAN SPECIAL NEEDS		

FILE NOTES: [REDACTED]

Over
income
at submission
to Compliance

PREPARED BY: [REDACTED]

I certify that all documents submitted to Compliance Services have been carefully reviewed and are devoid of any modifications including whiteout, resulting in the misinterpretation of the information provided under IRC 42.

Community Manager

DATE

On-Site Review

Date: [REDACTED]

By (Initials): [REDACTED]

TOTAL ASSET STATEMENT

Attach Detailed Asset Calculation Tape for all Assets in the Space Provided

The detailed income calculation (breakdown) must be included on this form in the space provided. Input the detailed calculations for each household member and Yardi. include notes on each calculation (i.e., Work Number Verification, multiple income earners in the household etc.) You should list the annualized income amounts in Yardi.

 MSA/MSA Income Limit v1.0 12/12/12
 MSA Income Limit v1.0 4/3/13
 USA rev 4/2/13

CRA-55123



TENANT INCOME CERTIFICATION

Property Name: <input type="text" value="Select Property Name"/>	Unit #: <input type="text"/>	# of Bedroom (s): <input type="text" value="Select Bedroom"/>
Move-In Date: <input type="text"/>	Initial: <input type="checkbox"/>	Recertification: <input type="checkbox"/> (Transfer From Unit #: <input type="text"/>
Effective Date: <input type="text"/> - (Same As Lease Effective Date)	140% of 60% AMI (RECERT): <input type="text"/>	
Number of Persons in Household: <input type="text"/>	30% AMI Limit: <input type="text"/>	50% AMI Limit: <input type="text"/>
20% AMI Limit: <input type="text"/>	60% AMI Limit: <input type="text"/>	80% AMI Limit (HOME/NSP RECERT): <input type="text"/>

PART I: HOUSEHOLD COMPOSITION AND INCOME - (To be completed by owner/manager)

A. Household Composition

(List all members in household including minors, Live-in Aide/Caretaker, etc.)

Name (Last, First)	Age	Relationship To Head of House	Social Security # (last 4 digits)	Student (Yes/No)	Child of Tenant (Under 18 Years) (Yes/No)
A. <input type="text"/>	<input type="text"/>	Head of Household	<input type="text"/>	<input type="text"/>	<input type="text"/>
B. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
C. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
F. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
G. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
H. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

3. Asset Information

	Asset Description	Total Cash Value	Income From Assets
1. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Net Value of Assets	<input type="text"/>	4. \$ <input type="text" value="0.00"/>	<input type="text"/>
Total Actual Asset Income	<input type="text"/>	<input type="text"/>	5. \$ <input type="text" value="0.00"/>
If line 4 is greater than \$5,000, multiply line 4 by passbook savings rate and enter result here; otherwise, leave blank Passbook savings rate = <input type="text"/> %	<input type="text"/>	<input type="text"/>	6. \$ <input type="text" value="0.00"/>

4. Annual Income Information

Household Member	a. Wages/Salaries	b. Benefits/Pensions	c. Public Assistance	d. Other Income	e. Asset Income
A. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
B. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
C. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Totals	a. <input type="text" value="\$0.00"/>	b. <input type="text" value="\$0.00"/>	c. <input type="text" value="\$0.00"/>	d. <input type="text" value="\$0.00"/>	e. \$ <input type="text" value="-"/>

Enter total of items 7a through 7c.

This is Annual Income

8. \$

ART II: HOUSEHOLD CERTIFICATION

We certify that the information presented in Part I of this form is true and complete to the best of my/our knowledge and belief. I/We consent to the disclosure of such information to the Bond Issuer, and Bond Trustee, and to any Federal or State agency with oversight of the program(s), and to the Georgia Department of Housing and Community Affairs in their capacity to monitor the property's compliance with applicable program requirements. I/We understand that this certification is part of the application process and does not guarantee occupancy.

Head of Household Date Other Date

Co-Head of Household Date Other Date

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to willfully falsify a material fact or make a false statement in any matter within the jurisdiction of a federal agency.



TENANT INCOME CERTIFICATION - Continued

PART III: TENANT INCOME CERTIFICATION

A. Type of Certification

Initial Certification

Recertification

Unit #: 0
 Household Name: 0
 Annual Income: \$0.00
 (From Line 8, page 1)
 Adjusted Income: _____

(Adjusted Income on the 50058 for PBRA/PHA after deductions and/or the income calculated on the Adjusted Income Worksheet for HOME/NSP if the household income exceeds 80% at Recertification)

B. Applicable Programs and Income Status

Mark the program(s) listed below (a. through d.) for which this household's unit will be counted toward the property's occupancy requirements. Under each program marked, indicate the household's income status as established by this certification/recertification.

a. LIHTC

b. AHDP

c. HOME/NSP

d. OTHER
(Check All Applicable)

Income Status

Income Eligible
 Over Income**

Income Status

VLI
 LI
 Over Income**

Income Status

VLI 50%
 LI 60%*
 80% Over Income**

Income Status

VLI (20/50 OR 40/60)
 PBRA PHA
 Market-PBRA
 Market
 Homeless

*Recertification Only - 80% NAU
Form required with the adjusted income
worksheet if the household income
exceeds the 80% income limit

** The household was Qualified at move-in and upon recertification, this household was determined to be over-income (OI) according to the
eligibility requirements of the program(s) marked above. Attach the Next Available Unit (NAU) form.

C. Unit Information

a. Total Rent Charged:

Select BR Size Page #1

f. Unit Meets Rent Restriction at:

50%

b. Tenant Paid Rent:

Select BR Size Page #1

g. Gross Rent: (b + d + e)

Select BR Size Page #1

c. Housing Assistance Payment:

Select BR Size Page #1

h. Maximum Gross Rent Limit:

Select BR Size Page #1

d. Other Non-Optional Charges:

\$0

(The Gross Rent (g) includes utilities and fees. Gross Rent cannot exceed the
Maximum Rent Limit)

e. Utility Allowance (U.A.):

Select BR Size Page #1

i. Source of U.A.:

Select Property Name

PART IV: OWNER CERTIFICATION

I have verified the information presented in Part I of this form in accordance with the requirements of the programs marked in Part VI-B and the provisions of any applicable
lease restrictions. I possess the documentation necessary to support this certification/recertification. To the best of my knowledge, the information presented on this form is
complete and accurate.

Signature of Owner or Authorized Representative

Date

Printed Name

Printed Title

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to willfully falsify a material fact or make a false statement
in any matter within the jurisdiction of a federal agency.



Unit #	66-6611
Household Name:	Smith, Geraldine M
Annual Income:	\$29,340.47

PART II: HOUSEHOLD CERTIFICATION

I/We certify that the information presented in Part I of this form is true and complete to the best of my/our knowledge and belief. I/We consent to the disclosure of such information to the Federal or State agency with the oversight of the program(s), and to the Louisiana Housing Agency in its capacity to monitor the property's compliance with applicable program requirements. I/We understand that this certification is final and does not guarantee re-certification.

12/17/15

(Signature - Head of Household)

(Date)

VV/V
(Signature - Co-Head of Household)

(Date)

(Signature - Household Member over 18)

(Date)

(Signature - Household Member over 18)

(Date)

PART III: ELIGIBILITY DETERMINATION

A. Type of Certification

Initial Certification ~ Recertification

B. Applicable Programs and Income Status

Mark the program(s) listed below (a. through d.) for which this household's unit will be counted toward the property's occupancy requirements. Under each program marked, indicate the household's income status as established by this

a. LIHTC ~
Income Status
~ Income Eligible
~ \leq 50% AMI
~ \leq 60% AMI
 \leq 60% AMI
~ Over Income **

b. HOME ~
Income Status
~ \leq 50% AMI
~ \leq 60% AMI
~ \leq 80% AMI
~ Over Income **

** Upon recertification, this household was determined to be over-income according to the eligibility requirements of the program(s) marked above.

C. Unit Information

a. Tenant Paid Rent:
c. Housing Assistance Payment:
e. Utility Allowance (U.A.):

\$335 \$710.00

\$375.00

\$126 \$127.00

b. No. of Bedrooms:

2

d. Move-in Date:

12/17/2015

f. Source of U.A.:

PHA/RD/HUD/Local Est.

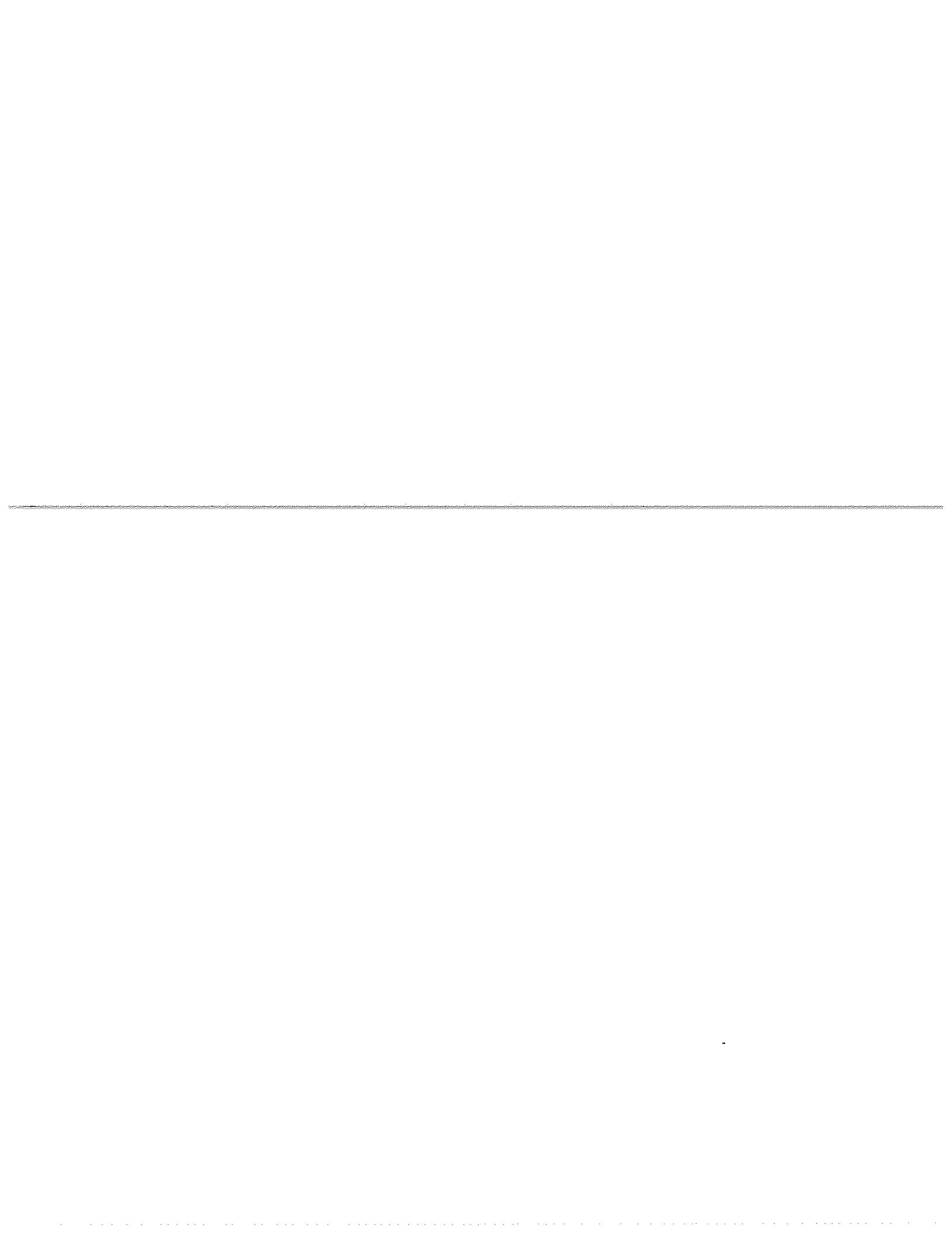
PART IV: OWNER CERTIFICATION

I have verified the information presented in Part I of this form is in accordance with the requirements of the program(s) marked in Part III-B and the provisions of any applicable deed restrictions. I possess the documentation necessary to support this certification/recertification. To the best of my knowledge, the information presented on this form is complete and accurate.

[Signature]

(Printed Name)

12/17/15
(Date)
Leasing Manager
(Printed Title)



DCA TENANT INCOME CERTIFICATION INSTRUCTIONS
MUST COMPLETE ALL HIGHLIGHTED SECTIONS ON THE FORM

TIC PAGE 1

1. MOVE-IN/EFFECTIVE DATE (INITIAL MOVE-IN) - THE MOVE-IN DATE IS THE DAY OF MOVE-IN AND THE EFFECTIVE DATE AT MOVE-IN IS THE SAME AS THE MOVE-IN DATE. YOU CANNOT LIST THE MOVE-IN OR EFFECTIVE DATE UNTIL THE DAY OF MOVE-IN. THIS SECTION MUST BE BLANK WHEN SUBMITTING INITIAL FILES TO COMPLIANCE FOR APPROVAL.
2. MOVE-IN/EFFECTIVE DATE (RECERTIFICATION) - THE EFFECTIVE DATE AT RECERTIFICATION IS ALWAYS THE ANNIVERSARY OF THE INITIAL MOVE-IN DATE, EVEN IF THE RECERTIFICATION IS COMPLETED LATE (I.E., MOVE-IN 1-1-08, EFFECTIVE DATE AT RECERTIFICATION, 1-1-09)
3. BEDROOM SIZE - USE THE DROP DOWN MENU TO SELECT THE BEDROOM SIZE ON PAGE ONE, WHICH WILL INPUT THE APPLICABLE UTILITY ALLOWANCE AND NON-OPTIONAL RENT CHARGE ON PAGE TWO
4. INCOME LIMITS - (INITIAL MOVE-IN) YOU MUST INDICATE THE TOTAL NUMBER OF HOUSEHOLD MEMBERS IN THE HIGHLIGHTED SECTION. THE CORRECT INCOME LIMIT WILL BE POPULATED ONCE YOU COMPLETE THE RENT RESTRICTION SET-ASIDE IN THE DROP DOWN MENU IN THE RENT SECTION ON PAGE TWO OF THE FORM.
5. INCOME LIMITS - (RECERTIFICATION) YOU MUST INDICATE THE TOTAL NUMBER OF HOUSEHOLD MEMBERS IN THE HIGHLIGHTED SECTION AND PLACE "X" IN THE RECERTIFICATION BOX. THE 140% NEXT AVAILABLE UNIT (NAU) INCOME LIMIT WILL BE POPULATED ALONG WITH THE UNIT SET-ASIDE INCOME LIMITS ONCE YOU COMPLETE THE RENT RESTRICTION SET-ASIDE IN THE DROP DOWN MENU IN THE RENT SECTION ON PAGE TWO OF THE FORM.
6. ASSETS - LIST ALL INDIVIDUAL HOUSEHOLD ASSETS. THE ACCOUNT INFORMATION MUST BE ITEMIZED FOR ALL HOUSEHOLD MEMBERS. IF THERE IS NOT ENOUGH SPACE, ALL LIKE ACCOUNTS, (CHECKING, SAVINGS, ETC.) CAN BE LISTED IN THE SAME LINE.
7. ANNUAL INCOME INFORMATION - LIST THE INCOME FOR ALL HOUSEHOLD MEMBERS ACCORDING TO THE CORRESPONDING LETTER IN THE HOUSEHOLD COMPOSITION SECTION. (a) - ONLY EMPLOYMENT INCOME SHOULD BE INCLUDED IN THIS SECTION, (b) - SOCIAL SECURITY/SSI, VA BENEFITS, RETIREMENT, ANNUITY, ETC. MUST BE INCLUDED IN THIS SECTION ONLY, (c) - PUBLIC ASSISTANCE INCLUDES AFDC/TANF, GENERAL ASSISTANCE, ETC., (d) - OTHER INCOME INCLUDES CHILD SUPPORT, RECURRING GIFT INCOME, EMPLOYEE CONCESSION INCOME, INCOME FROM FINANCIAL AID, ETC.
8. SIGNATURE LINE(S) - ALL HOUSEHOLD MEMBERS 18 AND OLDER (EXCEPT THE LIVE-IN AIDE) MUST SIGN AND DATE THE TENANT INCOME CERTIFICATION FORM TO DOCUMENT ELIGIBILITY AT MOVE-IN AND RECERTIFICATION. MANAGEMENT IS NOT ALLOWED TO DATE THE BOTTOM SECTION OF PAGE ONE. BACKDATING IS NEVER PERMITTED!!!

TIC PAGE 2

1. UNIT #, HOUSEHOLD NAME, ANNUAL INCOME - THE TENANT INCOME CERTIFICATION FORM CONTAINS FORMULAS, WHICH PULLS THIS INFORMATION FROM PAGE ONE. THIS SECTION SHOULD ALWAYS CONTAIN INFORMATION.
2. ADJUSTED INCOME - INPUT THE ADJUSTED INCOME LISTED ON THE 50058 FOR ALL INITIAL AND RECERTIFICATION PHA/PBRA HOUSEHOLDS. THIS SECTION MUST ALSO BE COMPLETED FOR HOUSEHOLD ELIGIBLE UNDER THE HOME PROGRAM WHOSE INCOME MEETS OR EXCEEDS THE 60% INCOME LIMIT AT RECERTIFICATION
3. APPLICABLE PROGRAMS - THE BOX IN SECTION (a) MUST BE INDICATED WITH AN "X" FOR ALL LOW-INCOME FILES. (b) - THE AHDP PROGRAM DOES NOT APPLY TO OUR CURRENT COMMUNITIES, SO THIS SECTION SHOULD BE LEFT BLANK. (c) - THE BOX IN THIS SECTION MUST BE INDICATED IF YOUR COMMUNITY HAS HOME UNITS. (d) - ALL APPLICABLE PROGRAMS MUST BE INDICATED FOR THE CURRENT CERTIFICATION.
4. UNIT INFORMATION SECTION (NEW!!) - ONCE YOU SELECT THE NUMBER OF BEDROOMS ON PAGE ONE OF THE TIC, THE CURRENT UTILITY ALLOWANCE AND UTILITY FEE IS AUTOMATICALLY INSERTED IN THE FORM. YOU MUST INPUT THE TENANT PAID RENT, HOUSING ASSISTANCE PAYMENT, USE THE DROP-DOWN MENU TO SELECT THE RENT SET-ASIDE, AND INPUT THE MAXIMUM RENT LIMIT. THE MAXIMUM RENT LIMITS CAN BE FOUND ON THE CURRENT INCOME AND RENT SCHEDULE PROVIDED FOR YOUR COMMUNITY. THE CURRENT HUD INCOME AND RENT LIMITS ARE EFFECTIVE 3-19-09 for MTSP and 4-27-09 for HOME COMMUNITIES
5. RENT RESTRICTION DROP DOWN MENU - MUST CHOOSE THE APPLICABLE RENT SET-ASIDE TO POPULATE THE HOUSEHOLD INCOME LIMIT ON PAGE ONE. YOU MUST BE AWARE OF YOUR UNIT DESIGNATION. YOUR INCOME LIMIT MAY BE 60%, BUT YOUR RENT MAY BE RESTRICTED AT 54%. YOU MUST CHOOSE THE CORRECT RENT RESTRICTION ACCORDING TO YOUR YARDI UNIT DIRECTORY.
NOTE: GROSS RENT EQUALS TENANT PAID RENT PLUS NON-OPTIONAL FEES AND THE UTILITY ALLOWANCE. GROSS RENT CANNOT EXCEED THE APPLICABLE MAXIMUM RENT LIMIT, HOWEVER, THE TOTAL RENT CAN EXCEED THE MAXIMUM RENT. THE TENANT INCOME CERTIFICATION (TIC) CONTAINS FORMULAS, WHICH CALCULATES THE TOTAL RENT, NON-OPTIONAL UTILITY FEE, UTILITY ALLOWANCE, AND GROSS RENT. THE TOTAL RENT (A) IS EQUAL TO THE TENANT PAID RENT (B) PLUS THE HOUSING ASSISTANCE PAYMENT (C). FOR PBRA, (B) AND (C) MUST EQUAL THE TOTAL CONTRACT RENT FOR THE UNIT SIZE. FOR PHA, THE TOTAL RENT IS THE SAME AS THE TENANT PAID RENT.
5. OWNER CERTIFICATION - MANAGEMENT SHOULD COMPLETE THE SIGNATURE, DATE, PRINTED NAME, AND TITLE ON THE DAY OF MOVE-IN TO COMPLETE THE TENANT INCOME CERTIFICATION FORM.

