

Income Calculation Worksheet

Property Code: 847 Household: Courtney Smith Certification Date: 07/21/2025

Property Name: The Safford Unit Size: 3 Br

Unit Code: 8-104 Certification Type: Move In Cert (MI)

Household Members:

| Member Name | Relationship | Gender | DOB | Age | Disabled | Student | Date Submitted |
|----------------|-------------------|--------|-----------|-----|----------|-------------|----------------|
| Courtney Smith | Head of Household | F | 9/10/1989 | 35 | | Not Student | 6/6/2025 |
| Cori Smith | Youth<18 | M | 9/14/2008 | 16 | | F/T Student | 6/6/2025 |
| Camryn White | Youth<18 | M | 7/8/2013 | 12 | | F/T Student | 6/6/2025 |

Income Calculations:

| Job Name | Member Name | Verification Type | Verification Method | Frequency | \$/Period | Number of Periods | Calculated Income | Verified Income |
|-----------------------------------|----------------|-------------------|-----------------------|-----------|------------|-----------------------|-------------------|-----------------|
| Employment - Elara Caring Hospice | Courtney Smith | Rate of Pay | Third Party Documents | Bi-Weekly | \$1,746.69 | 26: 0 Weeks * 0 Hours | \$45,413.94 | \$45,413.94 |
| Total of all Income Sources | | | | | | | | \$45,413.94 |

Asset Calculations:

| Member Name | Description | Divest Cost | Market Value | Interest Rate | Annual Income |
|----------------|-----------------------------------|-------------|----------------------------------|------------------------|---------------|
| Courtney Smith | Savings Account - Community Wide | \$0.00 | Details: \$20.00 / 1 = \$20.00 | Details: \$20.00 @ 0% | \$0.00 |
| Courtney Smith | Checking Account - Community Wide | \$0.00 | Details: \$400.00 / 1 = \$400.00 | Details: \$400.00 @ 0% | \$0.00 |
| | | \$0.00 | \$420.00 | | \$0.00 |

Income Calculation Worksheet

Total Annual Income:

Version 1.15

If net total family assets exceeds \$51,600.00 you must calculate imputed income from assets at 0.45% and use the greater of actual income from assets or imputed income from assets.

| Total Mkt Value | Total Sale / Divest Cost: | Total Asset Cash Value: | Pass Book Rate: | Total Income From Assets: |
|--------------------|------------------------------|----------------------------|--------------------|------------------------------|
| \$420.00 | \$0.00 | \$420.00 | 0.45% | \$0.00 |

Total asset value does not exceed \$51,600.00

| Total Income: | | Total From Assets: | | Total Annual Income: |
|---------------|---|--------------------|-------------|------------------------|
| \$45,413.94 | + | \$0.00 | = | \$45,413.94 |
| Income Limit: | | Tax Credit | \$51,900.00 | Variance: (\$6,486.06) |



ARIZONA LOW INCOME HOUSING TAX CREDIT PROGRAM - IMPUTED INCOMES/ALLOWABLE RENTS
FOR RENTS BASED ON UNIT SIZE (Number of bedrooms: Post 1989 Projects)
 (Figures derived from HUD Median Income Charts effective April 01, 2025)

| MSA/County | % | (1 Person) | (2 Persons) | (3 Persons) | (4 Persons) | (5 Persons) | (6 Persons) | (7 Persons) | (8 Persons) | Rent | Rent | Rent | Rent | Rent | Rent |
|---|----|------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|---------|---------|---------|---------|---------|---------|
| | | | | | | | | | | 0 Bdrm | 1 Bdrm | 2 Bdrm | 3 Bdrm | 4 Bdrm | 5 Bdrm |
| Phoenix | 60 | \$47,160 | \$53,820 | \$60,600 | \$67,320 | \$72,720 | \$78,120 | \$83,520 | \$88,920 | \$1,179 | \$1,262 | \$1,515 | \$1,750 | \$1,953 | \$2,155 |
| (Maricopa/Pinal) | 50 | \$39,300 | \$44,850 | \$50,500 | \$56,100 | \$60,600 | \$65,100 | \$69,600 | \$74,100 | \$982 | \$1,051 | \$1,262 | \$1,458 | \$1,627 | \$1,796 |
| | 40 | \$31,440 | \$35,880 | \$40,400 | \$44,880 | \$48,480 | \$52,080 | \$55,680 | \$59,280 | \$786 | \$841 | \$1,010 | \$1,167 | \$1,302 | \$1,437 |
| | 30 | \$23,580 | \$26,910 | \$30,300 | \$33,660 | \$36,360 | \$39,060 | \$41,760 | \$44,460 | \$589 | \$631 | \$757 | \$875 | \$976 | \$1,077 |
| | 20 | \$15,720 | \$17,940 | \$20,200 | \$22,440 | \$24,240 | \$26,040 | \$27,840 | \$29,640 | \$393 | \$420 | \$505 | \$583 | \$651 | \$718 |
| HERA | | | | | | | | | | | | | | | |
| FY2025, the HERA Special limit is exceeded by the FY2025 Section 8 Income Limits and as a result, projects placed into service prior to December, 31, 2008 in Phoenix-Mesa-Scottsdale, AZ MSA do not require the calculation of a special income limit. | | | | | | | | | | | | | | | |
| Tucson | 60 | \$40,380 | \$46,140 | \$51,900 | \$57,660 | \$62,280 | \$66,900 | \$71,520 | \$76,140 | \$1,009 | \$1,081 | \$1,297 | \$1,499 | \$1,672 | \$1,845 |
| (Pima) | 50 | \$33,650 | \$38,450 | \$43,250 | \$48,050 | \$51,900 | \$55,750 | \$59,600 | \$63,450 | \$841 | \$901 | \$1,081 | \$1,249 | \$1,393 | \$1,538 |
| | 40 | \$26,920 | \$30,760 | \$34,600 | \$38,440 | \$41,520 | \$44,600 | \$47,680 | \$50,760 | \$673 | \$721 | \$865 | \$999 | \$1,115 | \$1,230 |
| | 30 | \$20,190 | \$23,070 | \$25,950 | \$28,830 | \$31,140 | \$33,450 | \$35,760 | \$38,070 | \$504 | \$540 | \$648 | \$749 | \$836 | \$922 |
| | 20 | \$13,460 | \$15,380 | \$17,300 | \$19,220 | \$20,760 | \$22,300 | \$23,840 | \$25,380 | \$336 | \$360 | \$432 | \$499 | \$557 | \$615 |
| Yuma | 60 | \$30,540 | \$34,860 | \$39,240 | \$43,560 | \$47,100 | \$50,580 | \$54,060 | \$57,540 | \$763 | \$817 | \$981 | \$1,133 | \$1,264 | \$1,395 |
| (Yuma) | 50 | \$25,450 | \$29,050 | \$32,700 | \$36,300 | \$39,250 | \$42,150 | \$45,050 | \$47,950 | \$636 | \$681 | \$817 | \$944 | \$1,053 | \$1,162 |
| | 40 | \$20,360 | \$23,240 | \$26,160 | \$29,040 | \$31,400 | \$33,720 | \$36,040 | \$38,360 | \$509 | \$545 | \$654 | \$755 | \$843 | \$930 |
| | 30 | \$15,270 | \$17,430 | \$19,620 | \$21,780 | \$23,550 | \$25,290 | \$27,030 | \$28,770 | \$381 | \$408 | \$490 | \$566 | \$632 | \$697 |
| | 20 | \$10,180 | \$11,620 | \$13,080 | \$14,520 | \$15,700 | \$16,860 | \$18,020 | \$19,180 | \$254 | \$272 | \$327 | \$377 | \$421 | \$465 |
| HERA | 60 | \$32,640 | \$37,260 | \$41,940 | \$46,560 | \$50,340 | \$54,060 | \$57,780 | \$61,500 | \$816 | \$873 | \$1,048 | \$1,211 | \$1,351 | \$1,491 |
| Special | 50 | \$27,200 | \$31,050 | \$34,950 | \$38,800 | \$41,950 | \$45,050 | \$48,150 | \$51,250 | \$680 | \$728 | \$873 | \$1,009 | \$1,126 | \$1,242 |
| | 40 | \$21,760 | \$24,840 | \$27,960 | \$31,040 | \$33,560 | \$36,040 | \$38,520 | \$41,000 | \$544 | \$582 | \$699 | \$807 | \$901 | \$994 |
| | 30 | \$16,320 | \$18,630 | \$20,970 | \$23,280 | \$25,170 | \$27,030 | \$28,890 | \$30,750 | \$408 | \$436 | \$524 | \$605 | \$675 | \$745 |
| | 20 | \$10,880 | \$12,420 | \$13,980 | \$15,520 | \$16,780 | \$18,020 | \$19,260 | \$20,500 | \$272 | \$291 | \$349 | \$403 | \$450 | \$497 |
| Apache | 60 | \$29,400 | \$33,600 | \$37,800 | \$42,000 | \$45,360 | \$48,720 | \$52,080 | \$55,440 | \$735 | \$787 | \$945 | \$1,092 | \$1,218 | \$1,344 |
| | 50 | \$24,500 | \$28,000 | \$31,500 | \$35,000 | \$37,800 | \$40,600 | \$43,400 | \$46,200 | \$612 | \$656 | \$787 | \$910 | \$1,015 | \$1,120 |
| | 40 | \$19,600 | \$22,400 | \$25,200 | \$28,000 | \$30,240 | \$32,480 | \$34,720 | \$36,960 | \$490 | \$525 | \$630 | \$728 | \$812 | \$896 |
| | 30 | \$14,700 | \$16,800 | \$18,900 | \$21,000 | \$22,680 | \$24,360 | \$26,040 | \$27,720 | \$367 | \$393 | \$472 | \$546 | \$609 | \$672 |
| | 20 | \$9,800 | \$11,200 | \$12,600 | \$14,000 | \$15,120 | \$16,240 | \$17,360 | \$18,480 | \$245 | \$262 | \$315 | \$364 | \$406 | \$448 |

The rent limits listed above are what an owner can charge, not what an owner must charge to avoid non-compliance.

Notifications sent to residents, for any owner imposed rent increase, that are characterized as mandates under ADOH, IRS or HUD regulations are prohibited.

| For Office Use Only | | |
|--|-------------------------|--|
| Date & Time Received: 06/04/2025 04:51:05 PM | | Received By (Management Signature): <i>Mari Tovar</i> |
| Unit: 8-104 | Move-In Date: 7/21/2025 | |

Application for Rental Housing

| Property Contact Information | | | |
|---|---------------------|---|-------------|
| Property Name: The Safford | | | |
| Street Address: 8740 N Silverbell Road | | | |
| City: Marana | State: AZ | Zip: 85743 | |
| Phone: (520) 614-6850 | Phone (TTY): | | Fax: |
| Email: TheSafford@dominiuminc.com | | Website: www.thesaffordapartments.com | |
| Office Hours: Monday-Friday 9AM-6PM Saturday 10AM-4PM Sunday 10AM-4PM | | | |

We encourage and support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, color, creed, religion, sex, sexual orientation, gender identification, national origin, familial status, age, handicap, or any other class protected by state law.



APPLICATION SUMMARY

Preferred Unit Size: 3

Would anyone in this household benefit from a special needs unit or a unit accommodation due to a mobility, vision, or hearing impairment? ☐ Yes* ☒ No

If Yes, please complete a **Special Unit Questionnaire.*

HOUSEHOLD COMPOSITION - Complete one **Member Information Document** form for each member listed below.

In the space below, list all people who will live in the unit.

| | Member Name | Relationship to Head of Household (Ex. Head of Household, Co-Head, Spouse, Dependent, Other Adult, Live-In Aide, etc.) | Phone Number (Recommended) |
|---|-----------------------|---|----------------------------------|
| 1 | Courtney Dachel Smith | Head of Household | (574) 404-4441 (574) 404-4441 |
| 2 | Cori Lamar Smith | Youth<18 | |
| 3 | Camryn Lee White | Youth<18 | |
| 4 | | | |
| 5 | | | |
| 6 | | | |
| 7 | | | |
| 8 | | | |

ANTICIPATED ADDITIONS TO THE HOUSEHOLD - Complete one **Anticipated Household Addition** form for each.

Certain anticipated members can have an effect on the size of the unit and/or the income limits used to determine the household's program eligibility. List all applicable members who are expected to move in over the next 12 months.

| Member Name | Member Type |
|-------------|--|
| | <input type="checkbox"/> Unborn Child <input type="checkbox"/> Pending Adoption <input type="checkbox"/> Obtaining Custody <input type="checkbox"/> Pending Foster |
| | <input type="checkbox"/> Unborn Child <input type="checkbox"/> Pending Adoption <input type="checkbox"/> Obtaining Custody <input type="checkbox"/> Pending Foster |
| | <input type="checkbox"/> Unborn Child <input type="checkbox"/> Pending Adoption <input type="checkbox"/> Obtaining Custody <input type="checkbox"/> Pending Foster |
| | <input type="checkbox"/> Unborn Child <input type="checkbox"/> Pending Adoption <input type="checkbox"/> Obtaining Custody <input type="checkbox"/> Pending Foster |

1. Do you anticipate any other change in household composition over the next 12 months?
(e.g. adding a new member or removing a current member) ☐ Yes ☒ No

If Yes, please explain:

HOUSEHOLD QUESTIONS

1. Is any household member temporarily absent, but under normal conditions would live in the unit? ☐ Yes ☒ No

If Yes, please explain:

2. Does/Will this household receive rent assistance? (ex. Housing Choice Voucher, Rural Development RA, etc.) ☐ Yes ☒ No

If Yes, please indicate the source:

3. Has any household member received a federal tax refund / refundable tax credit in the last 12 months? ☐ Yes ☒ No

If Yes, provide the total value of tax refunds/credits received by members of this household:

\$0.00



APPLICATION SUMMARY

PENALTIES FOR MISUSING THIS FORM:

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

REQUIRED SIGNATURES

All adult household members must view all documents in the Application Package to confirm accuracy and sign below.

Application Package Documents:

- Application Summary (One Per Household)
- Member Information Document (One Per Member)
- Income & Asset Questionnaire (One Per Adult Member / One Per Household)

Under penalty of perjury, I/we certify that all information presented in the application documents above is true and accurate to the best of my/our knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in rejection of my/our application, or if move-in has already occurred, termination of my/our lease.

| | | | |
|----|-------------------------|-----------------------|--------------------|
| 1. | | Courtney Dachel Smith | 02/05/2025 |
| | Member Signature | Printed Name | Date Signed |
| 2. | | | |
| | Member Signature | Printed Name | Date Signed |
| 3. | | | |
| | Member Signature | Printed Name | Date Signed |
| 4. | | | |
| | Member Signature | Printed Name | Date Signed |
| 5. | | | |
| | Member Signature | Printed Name | Date Signed |
| 6. | | | |
| | Member Signature | Printed Name | Date Signed |
| 7. | | | |
| | Member Signature | Printed Name | Date Signed |
| 8. | | | |
| | Member Signature | Printed Name | Date Signed |

