

| | | | | | | | | |
|---|--------------------------------|------------------|--|----------------|-----------------|-----------------------------------|-------------------|------------------------|
| Statement of Earnings For: Michael Owens | | | | | | Eagle Rock Excavating, LLC | | |
| Employee #: | OWENMI01 | Division | | Period Begin: | 6/2/2025 | Check Date: | 6/13/2025 | 4750 N La Cholla Blvd |
| Check Number: | | Department | | Period End: | 6/8/2025 | Pay Type: | Hourly | Tucson, AZ 85705 |
| Company Id: | 010525 | Federal Filing: | | Exemptions: | | Additional Tax: | | |
| | | State Filing: | | Exemptions: | | Additional Tax: | | |
| Voucher Id | Check Amount | Gross Pay | | Net Pay | | Check Message | | |
| V113499 | \$0.00 | \$692.75 | | \$632.82 | | | | |
| EARNINGS | *Not included in Totals | | ^Hrs/Units = Units (Units not included in Totals) | | TAXES | | DEDUCTIONS | |
| Description | Rate | Hrs/Units | Dollars | YTD Hrs/Unit | YTD Dollars | Description | Current | YTD |
| Regular | 17.0000 | 40.00 | 680.00 | 217.75 | 3,701.75 | SOC SEC EE | 42.95 | 234.65 |
| Overtime | 25.5000 | 0.50 | 12.75 | 3.25 | 82.88 | MED EE | 10.05 | 54.88 |
| | | | | | | ARIZONA WH | 6.93 | 37.85 |
| Total: | | | | | | Total: | 59.93 | 327.38 |
| TOTAL: | | | | | | TOTAL: | 0.00 | 0.00 |
| CURRENT PERIOD LEAVE ACCRUAL | | | | | | DISTRIBUTION OF NET PAY | | |
| PTO | Accrued: | 1.3487 | Taken: | 0.00 | Pending Balance | 7.36 | Checking | Account: ###2118 |
| | | | | | | | | Deposit Amount: 632.82 |

Eagle Rock Excavating, LLC
4750 N La Cholla Blvd
Tucson, AZ 85705

| | |
|---------------|------------|
| CHECK DATE | VOUCHER ID |
| 6/13/2025 | V113499 |
| TOTAL NET PAY | |
| *****\$632.82 | |

010525 OWENMI01
Michael Owens
6352 w sugar pine trail
Tucson, AZ 85743

NOT NEGOTIABLE

Employee Pay Details

Eagle Rock Excavating, LLC

Michael Owens

For Pay Period: 6/2/2025 - 6/8/2025

Pay Date: 6/13/2025

| Earning | Rate | Hours | Dollars | Project | Date | Job Cost Code | Equipment |
|----------|---------|--------------|---------------|----------------|----------|-------------------|----------------|
| Regular | 17.0000 | 6.25 | 106.25 | Canyon Shop OH | 6/3/2025 | Equipment Service | |
| Regular | 17.0000 | 6.25 | 106.25 | | 6/5/2025 | | Scraper |
| Regular | 17.0000 | 6.25 | 106.25 | | 6/6/2025 | | Scraper |
| Regular | 17.0000 | 6.00 | 102.00 | Canyon Shop OH | 6/2/2025 | Equipment Service | |
| Regular | 17.0000 | 6.00 | 102.00 | | 6/4/2025 | | Super 18 Truck |
| Regular | 17.0000 | 2.00 | 34.00 | Canyon Shop OH | 6/2/2025 | Equipment Service | |
| Regular | 17.0000 | 2.00 | 34.00 | | 6/4/2025 | | Scraper |
| Regular | 17.0000 | 1.75 | 29.75 | | 6/3/2025 | | Super 18 Truck |
| Regular | 17.0000 | 1.75 | 29.75 | | 6/5/2025 | | Scraper |
| Regular | 17.0000 | 1.75 | 29.75 | | 6/6/2025 | | Scraper |
| Overtime | 25.5000 | 0.25 | 6.38 | | 6/3/2025 | | Super 18 Truck |
| Overtime | 25.5000 | 0.25 | 6.37 | | 6/6/2025 | | Scraper |
| | | 40.50 | 692.75 | | | | |

Student Certification
(For use with the LIHTC Program)

Property Name: The Safford Unit Number: 7-110

This information on this form is used to help determine the household's eligibility for certain housing programs. A household member is considered a student if they attend an educational institution such as elementary, junior and senior high, college, university, technical, trade, and mechanical schools.

Part A - Check only one statement below.

☒ 1. Household contains **at least one occupant who is not a student and has not been/will not be a student** for five months or more during the current and/or upcoming calendar year (*months need not be consecutive*).

☐ 2. Household contains all students, but is qualified because **at least one occupant is a part-time student** who is not/will not be a full-time student for five months or more during the current and/or upcoming calendar year.

Name(s) of Part-Time Students: _____

☐ 3. Household consists of **all members who have been/will be full-time students** for five months or more during the current and/or upcoming calendar year (*months need not be consecutive*).

Part B - Complete this section only if you checked box #3 in Part A.

1. Does the household include students who are married and entitled to file a joint tax return? ☐ Yes ☐ No

2. Does the household include at least one single parent and their child(ren)? If yes, ☐ Yes ☐ No

a. Is this parent a dependent of another individual? ☐ Yes ☐ No

b. Are these child(ren) dependents of an individual other than a parent? ☐ Yes ☐ No

3. Does the household include at least one student receiving assistance under Title IV of the Social Security Act? (*This includes Temporary Assistance to Needy Families (TANF), otherwise known as Aid to Families with Dependent Children (AFDC).*) ☐ Yes ☐ No

4. Does the household include at least one student participating in a program receiving assistance under the Job Training Partnership Act, Workforce Investment Act, or under other similar federal, state, or local laws (*i.e. Job Corp, AmeriCorp, etc.*)? ☐ Yes ☐ No

5. Does the household include at least one student who was under the care and placement responsibility of a state agency administering foster care under Part B or Part E of Title IV of the Social Security Act (*i.e. adults who were in the foster care system during childhood*)? ☐ Yes ☐ No

REQUIRED SIGNATURES - All adult members must sign below.

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 denial of admission or termination of a lease agreement.

Michael Owens 06/25/2025

| | | | |
|-----------|------|-----------|------|
| Signature | Date | Signature | Date |
|-----------|------|-----------|------|

| | | | |
|-----------|------|-----------|------|
| Signature | Date | Signature | Date |
|-----------|------|-----------|------|

| | | | |
|-----------|------|-----------|------|
| Signature | Date | Signature | Date |
|-----------|------|-----------|------|

| | | | |
|-----------|------|-----------|------|
| Signature | Date | Signature | Date |
|-----------|------|-----------|------|





ASSET SELF-CERTIFICATION WORKSHEET

(Completed by Management Agent)

This worksheet accompanies the Asset Self-Certification. Complete **either** Part I or Part II depending on the nature of the types of assets disclosed by the family on the Asset Self-Certification. When the total net family assets are less than or equal to the [applicable Imputed Income Limitation](#), then only the actual income as disclosed on the Asset Self-Certification is included on the Tenant Income Certification (TIC).

| | | |
|--|---|---|
| HOUSEHOLD NAME: Owens | | UNIT # 7-110 |
| PART I: COMPLETE THIS SECTION IF THE FAMILY <i>ONLY</i> HAS NNPP AND NO REAL PROPERTY | | |
| Determination of Total Net Family Assets | | |
| (1) | Enter the total of all NNPP by adding the values in (A) | \$ 795.20 |
| (2) | Enter the value of any NNPP disposed of for less than FMV | \$ 0 |
| (3) | ADD lines (1) and (2) | \$ 795.20 |
| (4) | Enter the amount of a federal tax return or refundable federal tax credit in the last 12 months | \$ 0 |
| (5) | SUBTRACT line (4) from line (3) | \$ 0 |
| (6) | Is the value in line (5) less than or equal to \$ 51,600 | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| If YES , then proceed to Determination of Income from Assets | | |
| If NO , STOP the Asset Self Certification cannot be used, and each asset must be separately verified | | |
| Determination of Income from Assets: This information must be reflected on Part IV of the ADOH TIC | | |
| (7) | Enter the total by adding the values in (B) | \$ 0 |

| | | |
|--|---|--|
| PART II: COMPLETE THIS SECTION IF THE FAMILY HAS <i>BOTH</i> NNPP AND REAL PROPERTY | | |
| Determination of Total Net Family Assets | | |
| (1) | Enter the total of all NNPP by adding the values in (A) | \$ |
| (2) | Enter the value of any NNPP disposed of for less than FMV | \$ |
| (3) | ADD lines (1) and (2) | \$ |
| (4) | Is this value less than or equal to \$ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If YES , then proceed to line (5) | | |
| If NO , STOP the Asset Self Certification cannot be used, and each asset must be separately verified | | |
| (5) | Enter the total of all Real Property by adding the values in (C) | \$ |
| (6) | Enter the value of any Real Property disposed of for less than FMV | \$ |
| (7) | ADD lines (5) thru (6) | \$ |
| (8) | Enter the amount of a federal tax return or refundable federal tax credit in the last 12 months | \$ |
| (9) | SUBTRACT line (8) from line (7) | \$ |
| (10) | Is the value in line (9) less than or equal to \$ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If YES , then proceed to Determination of Income from Assets | | |
| If NO , STOP the Asset Self Certification cannot be used, and each asset must be separately verified | | |
| Determination of Income from Assets: This information must be reflected on Part IV of the ADOH TIC | | |
| (11) | Enter the total by adding the values in (B) | \$ |
| (12) | Enter the total by adding the values in (D) | \$ |
| (13) | ADD lines (11) and (12) | \$ |

[Imputed Income Limitation](#)

FY 2025: \$51,600

Effective as of 04/01/2025 (Required Form) - Asset Self-Certification Worksheet

Revised 01/30/2025



ASSET SELF-CERTIFICATION

For households whose combined net assets do not exceed the applicable Imputed Income Limitation.
(Complete only one form per household; including assets of children.)

Imputed Income Limitation FY 2025: \$51,600

For the following asset types, include the current Cash Value of **each** asset held by any family member and the actual income that the asset earns. *Cash value is **current market value minus cost to convert** an asset to cash, such as broker's fees, settlement costs, outstanding loans, penalties for early withdrawal, etc.*

| | | | | | |
|--|-----------------|---|-------------------|---|-------------------|
| Household Name: | | Owens | | Unit#: 7-110 | |
| PART I. ASSETS DISPOSED OF FOR LESS THAN FAIR MARKET VALUE (FMV) | | | | | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Within the past two (2) years, I/we have sold or given away assets for more than \$1,000 below their fair market value (FMV). | | | |
| Asset #1: | N/A | Date of Disposal: | N/A | FMV - amt received: | N/A |
| Asset #2: | N/A | Date of Disposal: | N/A | FMV - amt received: | N/A |
| PART II: FEDERAL TAX RETURN OR REFUNDABLE FEDERAL TAX CREDIT | | | | | |
| Have you received a federal tax return or refundable federal tax credit in the last 12 months? | | | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Amount of return/credit: | | | | \$0.00 | |
| PART III: NON-NECESSARY PERSONAL PROPERTY (NNPP) | | | | | |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | I/we do have non-necessary personal property | | | |
| Type of Asset | (A) Cash Value* | (B) Annual Income | Type of Asset | (A) Cash Value* | (B) Annual Income |
| Cash on Hand | \$ N/A | N/AP | Cryptocurrency | \$ N/A | \$ N/A |
| Pre-paid Debit Card (including Govt. Benefits) | \$ N/A | N/AP | Money Market/ CD | \$ N/A | \$ N/A |
| Checking/Savings | \$ 795.20 | \$ 0.00 | Annuities | \$ N/A | \$ N/A |
| Checking/Savings | \$ N/A | \$ N/A | Brokerage Account | \$ N/A | \$ N/A |
| Savings | \$ N/A | \$ N/A | Stocks/Bonds | \$ N/A | \$ N/A |
| Internet based assets (Cash App, Venmo, PayPal, Crowdfunding, etc.) | \$ N/A | \$ N/A | Other: <u>N/A</u> | \$ N/A | \$ N/A |
| Whole Life Insurance | \$ N/A | \$ N/A | Other: <u>N/A</u> | \$ N/A | \$ N/A |
| Non-Account Based | | | | | |
| Possessions not general held in an account such as vehicles used for recreation (e.g., RVs, ATVs, and Boats), antique cars, collectibles (e.g. stamps, jewelry, coins, and artwork.), and equipment/machinery that is not used to generate income for a business | | | | | |
| Description | | | (A) Cash Value * | | |
| N/A | | | \$ N/A | | |
| N/A | | | \$ N/A | | |
| N/A | | | \$ N/A | | |
| N/A | | | \$ N/A | | |
| PART IV. REAL PROPERTY | | | | | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | I/we do have real property | | | |
| Description of Property | | (C) Cash Value* | | (D) Income | |
| N/A | | \$ N/A | | \$ N/A | |
| N/A | | \$ N/A | | \$ N/A | |

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.

Michael Owens

06/25/2025

Signature of Applicant/Tenant

Date

Signature of Applicant/Tenant

Date

PENALTIES FOR MISUSING THIS CONTENT: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7), and (8). Violations of these provisions are cited as violations of 42 USC 408 (a), (6), (7), and (8).

AFFIDAVIT OF PERMANENTLY ABSENT HOUSEHOLD MEMBER

I, Michael Owens on this 25 day of June, 2025, do hereby certify that the
(Name) (Date) (Month) (Year)

information provided below is accurate and complete to the best of my knowledge:

- I have applied for/reside at the following property: The Safford apartments
- I understand that this community is governed by a program, which requires income verification for all household members.
- My spouse and I operate separate households.
- My spouse will not reside in the apartment home.
- This separation is permanent.

Choose (a) or (b) as applicable:

- ☒ (a) I am NOT and will NOT be receiving any form of spousal support to my household.
- ☐ (b) I AM or DO anticipate receiving spousal support to my household.
Spousal contribution in the amount of \$ _____ per month will be received during the next 12 month period. I will immediately notify the office of any change in this amount.

Choose (a) or (b) as applicable:

- ☒ (a) I DO NOT own any joint assets.
- ☐ (b) I DO own joint assets. If so, please explain _____

[You may be asked to provide evidence of value for any assets held jointly.]

I understand that this declaration is made as part of the qualification procedure to determine eligibility of residency at the above named Apartments, and that any misrepresentation herein will be considered a material breach of the lease agreement and subject me to immediate eviction. Under penalties of perjury, I declare the above representations to be true as of the date shown above.

Michael Owens
Applicant/Resident Signature

6-25-25
Date

Above signature witnessed by

Deirdre Wells

Printed Name of Manager/Agent

[Signature]
Manager/Agent Signature

4/25/2025
Date

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



CERTIFICATION OF PERMANENTLY ABSENT HOUSEHOLD MEMBER

I, Michael Ray Owens on 6/25/2025 do hereby certify that the
(Name) (Date)

Information provided below is accurate and complete to the best of my knowledge:

- I have applied for/reside at the following property: The Safford
- I understand that this community is governed by a program, which requires income verification for all household members.
- My spouse and I operate separate households.
- My spouse will not reside in the apartment home.
- This separation is permanent.

Choose (a) or (b) as applicable:

- ☒ (a) I am NOT and will NOT be receiving any form of spousal support to my household.
- ☐ (b) I AM or DO anticipate receiving spousal support to my household.
Spousal contribution in the amount of \$ _____ per month will be received
during the next 12 month period. I will immediately notify the office of any change in
this amount.

Choose (a) or (b) as applicable:

- ☒ (a) I DO NOT own any joint assets.
- ☐ (b) I DO own joint assets. If so, please explain _____

[You may be asked to provide evidence of value for any assets held jointly.]

I understand that this declaration is made as part of the qualification procedure to determine eligibility of residency at the above named Apartments, and that any misrepresentation herein will be considered a material breach of the lease agreement and subject me to immediate eviction. Under penalties of perjury, I declare the above representations to be true as of the date shown above.

Michael Owens
Applicant/Resident Signature

06/25/2025
Date

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