



Cover Sheet

Subject line of email AND PDF should be labeled with your required Alexia Coding

Property Name:

Vibrant

Person Working File:

Kari Margeta

Property Type: (Check all that apply) **Remember to indicate 40%,50%, etc.

LIHTC

30%/50%/60%/80%

Elderly Bond

HOME

High/Low (H or L)

HUD

Sec. 8

Other

RD

Extended Use

Move-in

Self-Cert

Corrections

Recert

Roommate Add on

Final Approval

HOH Last Name:

Falls

Apartment Number:

901

Effective Date and/or MI Date

Original Move-In Date

Notes to Auditor:

Preferences:

Required for ALL files:

Application and Screening for all adult members, Questionnaires, Student Status Certification,
ALL supporting tax credit documentation. Please include calculation worksheets

****Please fill out completely.**

Mislabeled or incomplete files will be sent back and a 'look' will be counted in the review process

APPLICANT/TENANT QUESTIONNAIRE

Each household member 18 or older (or if under 18 and qualified as Head, Co-Head, or Spouse) must complete a separate Questionnaire.

This form to be completed by the Applicant/Tenant - Answer each statement below by checking "Yes" or "No" and complete all additional information as it applies to you.

Applicant/Tenant Name: _____ Unit #: _____

YES NO

Property: _____

I filed a tax return last year for myself, jointly with my spouse/partner, and/or for my business.

I am married and file a joint tax return.

I am a Student: Part-Time Full-Time School Name: _____

INCOME

Applicant/Tenant Estimated Gross Monthly Income from all sources: \$ _____

YES NO

I am employed and receive wages. I am employed at more than one job? Yes # _____ No

I receive income from: (Tips: \$ _____ /Week) – (Commissions: \$ _____ /Month) – (Bonuses: \$ _____ /Year)

I am Self-employed or own a business. Type of business: _____

I have secured new employment and will begin working on: _____

I am on a leave of absence from work. If 'Yes', for how long: Start date: _____ End date: _____

I receive income from Unemployment Worker's Compensation Disability Compensation Severance

I receive/ am entitled to receive Child Support and/or Alimony payments.

I receive Veteran's Benefits (VA).

I receive Social Security (SS) Supplemental Security (SSI) Social Security Disability (SSD)

I receive rental assistance such as Section 8, RD Other: _____

I receive welfare/public assistance such as TANF, AFDC (exclude food stamps) or Other: _____

I receive income from a household member/s temporarily absent from the unit.

I receive income from a Pension, Annuity, IRA, 401K, Trust or Other: _____

I receive periodic payments from family, friends or Other: _____

I receive income from a foster child (unearned) or foster adult (earned/unearned) who resides with me.

I receive periodic income from Long-Term Care insurance, Disability, and/or Death benefits.

I have other forms of income not specified above. Source: _____ \$ _____ Per month.

ASSETS

YES NO

I have # _____ Checking account(s): List Bank(s): _____

I have # _____ Savings account (s): List Bank(s): _____

I have # _____ Money Market account(s): List Bank(s): _____

I own # _____ Certificate (s) of Deposit: List Bank(s): _____

I hold assets in a safe deposit box or other safe location. Amount/Value: \$ _____

I have investments in Stocks, Bonds, Treasury bills and/or mutual funds.

I have a Pension, Annuity, IRA, 401K or other form of retirement; I do NOT draw/receive income from them.

I own Real Estate. I owe/pay a mortgage on this property: No Yes Owe: \$ _____

I own Real Estate and I am currently renting the property to others. Monthly rent amount: \$ _____

I own Real Estate and I am in the process of selling the property. Or, I have a reverse mortgage.

I own Real Estate and I hold a mortgage or Deed of Trust (I'm selling the property on contract).

I have a Life Insurance Policy (exclude Term Life).

I hold personal property as an investment (Coin collections, gems, antique cars, etc.).

I have other forms of assets not specified above. Source: _____ Amount: \$ _____

I have disposed of assets for more than \$1,000 less than Fair Market Value (FMV) during the past 2 years.

I have cash-on-hand. The amount is: \$ _____

➤ Total household assets are: Over \$5,000 -OR- Under \$5,000.

Under penalty of perjury, I certify that the information provided in this certification is true and correct to the best of my knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Signature of Applicant/Tenant

Date



Oregon Department of Justice

Ellen P. Rosenblum, Attorney General
Frederick M. Boas, Deputy Attorney General

Division of Child Support
1162 COURT ST NE
SALEM OR 97301
Telephone: 503-947-4388
FAX: 503-947-2578
Oregonchildsupport.gov

Authorization to Disclose Support Records

I,

_____, (print or type name), Social Security number _____

Date of Birth _____

(mm/dd/yyyy), authorize

the disclosure and release of my confidential child and/or spousal support payment records to:

Vibrant!

_____, (name of person or entity)

_____, (email address or fax number)

Mark the one that applies:

- This authorization covers my support records in Oregon CSP case #_____.
- I authorize the release of the payment history for the last twelve full months to the person or entity listed above.
- This authorization covers my support records in all cases found using the information provided above. I authorize the release of the payment history for the last twelve full months to the person or entity listed above.

This authorization shall remain in effect for six months from the date of signature unless revoked in writing by me prior to that date to the person or entity named above or directly to the Oregon Child Support Program.

Signature _____

Print Name _____

Date _____



OREGON HOUSING and
COMMUNITY SERVICES

725 SUMMER STREET NE, SUITE B | SALEM, OR 97301
503-986-2000 | www.oregon.gov/OHCS

Assessment of Household Demographics

Property name: _____ Unit #: _____

Family name: _____

Oregon Housing and Community Services (OHCS) requests the following information to comply with the Housing & Economic Recovery Act of 2008, which requires all Low-Income Housing Tax Credit (LIHTC) properties to collect and submit to the U.S. Department of Housing & Urban Development (HUD). Parents or guardians are asked to disclose on behalf of all children in the household who are under the age of 18.

Although OHCS would appreciate receiving this information, you may choose not to furnish it. There is no penalty for those households who do not wish to provide the requested information. However, all adult members (18 years or older) must sign and date at the bottom of this form as proof that the option to disclose was made available.

The following Race codes should be used when completing the table below:

Code I American Indian or Alaska Native: A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

Code A Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Code B Black or African American: A person having origins in any of the black racial groups from the continent of Africa.

Code H Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Code W White: A person having origins in any of the original people of Europe, the Middle East, or North Africa.

An example of multiple racial categories: AH = Asian & Pacific Islander or BW = African American & White

The following Ethnicity codes should be used when completing the table below:

Code 1. Hispanic: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. Terms such as "Latino" or "Spanish origin" also apply.

Code 2. Not Hispanic: A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Disability Status:

Enter "Y" if any member of the household is disabled according to the Fair Housing Act definition for disability:

- A physical or mental impairment which substantially limits one or more major life activities, a record of such an impairment or being regarded as having such an impairment. For the Fair Housing definition of "physical or mental impairment" and other terms used, please see [24 CFR 100.201](#).

Enter both Race and Ethnicity codes for each household member (Use additional forms if more space is needed)

Last Name	First Name	Race Code	Ethnicity Code	Disabled Yes or No	Decline (initial)
Example: Smith	Jane	IB	2	N	

Signature Head of Household

Date

Signature

Date

Signature

Date

Signature

Date



SWORN SELF-CERTIFICATION OF CHILD SUPPORT AND/OR ALIMONY



Applicant/Tenant Name: _____ Unit # _____

Property Name: _____

LIST THE NAMES OF ALL CHILDREN LIVING IN THE UNIT:

Child 1: _____ Child 2: _____ Child 3: _____

Child 4: _____ Child 5: _____ Child 6: _____

CHILD SUPPORT (ALL CHILDREN MUST BE ACCOUNTED FOR) – CHECK ALL THAT APPLY:

- Both parents of the following children reside in the unit: 1 2 3 4 5 6
 I DO NOT receive any form of child support payments for the following children: _____

- I DO NOT anticipate seeking or receiving child support payments within the next 12 months due to:

- Domestic violence issues with absent parent Absent parent is incarcerated
 Location of absent parent is unknown Absent parent is deceased
 Other (explain): _____

- Child support has not been court-ordered, or Child support has been court-ordered but is not being received

- I receive/will receive **court-ordered*** child support each week or month, in the amount of:

Child 1: _____ Child 2: _____ Child 3: _____

Child 4: _____ Child 5: _____ Child 6: _____ *

List all case numbers for court-ordered support: _____

*The following items can be used to verify **court ordered** amounts: separation agreement, divorce decree, court clerk verification statement, a printout or verification from the child support enforcement agency, or a copy of the most recent support check with documentation regarding the frequency of payments

- I receive/will receive **non court-ordered**** child support each week or month, in the amount of:

Child 1: _____ Child 2: _____ Child 3: _____

Child 4: _____ Child 5: _____ Child 6: _____

** A notarized statement must be obtained by each Payer certifying the amount of benefits provided.

ALIMONY – CHECK ALL THAT APPLY:

- I receive/will receive **court-ordered** alimony in the amount of: \$ _____ each week or month.
 I receive/will receive **non court-ordered** alimony in the amount of: \$ _____ each week or month.
 I DO NOT receive any form of alimony payments there is no court-order).

Under penalty of perjury I certify that the information presented in this certification is true and accurate to the best of my knowledge, and that false, misleading or incomplete information may result in termination of tenancy. I hereby authorize the management agent to access the State child support enforcement agency online, by fax, by first class mail or by email on my behalf, to verify payment information and/or existence or non-existence of cases in the system.

Applicant/Tenant Signature

Date

UNDER \$5,000 ASSET CERTIFICATION



For Households with combined net assets under \$5,000. Complete one form per household (include assets of children)

Head of Household Name: _____ Unit#: _____

Property Name: _____

Household Assets Include:

Cash Value*	Interest Rate	Annual Income	Source	Cash Value*	Interest Rate	Annual Income	Source
\$	%	\$	Checking Account	\$	%	\$	Checking Account
			Savings Account				Savings Account
			Account				Account
			Cash On Hand				Money Market
			Stocks / Bonds / CDs				Safe Deposit Box
			401K - Retirement				IRA
			Trust Fund				Real Estate Equity
			Whole-Life Insurance				Pension
			Other:				Other:
			Other:				Other:
			Personal Property** (Describe):				

NOTE: Funds in certain accounts (e.g. retirement, pension, trusts) may not be fully accessible to you. Include only accessible amounts

*Cash Value is defined as market value minus the cost of converting the asset to cash – can include 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 household furniture, daily-use autos, clothing, assets of an active business or special equipment for use by the disabled.

Please check A or B and Complete C as it applies to your Household:

- A. 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 the fair market value (FMV). The difference between FMV and the amount received, for each asset on which this occurred is included above and are equal to a total of \$ _____
- B. Within the past two (2) years, I/we have NOT sold or given away assets (including cash, real estate, etc.) for less than fair market value.
- C. The net household assets (as defined in 24 CFR Part 5) above do not exceed \$5,000 and the annual income from the net household assets is \$ _____. This amount is included in the total gross annual income.

Signatures:

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.

Signature of Applicant/Tenant

Printed Name of Applicant/Tenant

Date

Signature of Applicant/Tenant

Printed Name of Applicant/Tenant

Date

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



LIHTC & NON-HUD Affordable VAWA ANNUAL NOTICES RECEIPT

VAWA "NOTICE OF OCCUPANCY RIGHTS" VAWA "CERTIFICATION OF DOMESTIC VIOLENCE"

Property Name: _____ Unit#: _____

This certifies that the Head of Household (as listed on the lease) has been given a copy of the VAWA Notice of Occupancy Rights and the VAWA Certification of Domestic Violence.

By signing below, the resident confirms receipt of these documents.

Head of Household printed name

Head of Household signature

Date

03/01/2018

Income Property Management Co. complies with Federal Fair Housing Laws prohibiting discrimination on the basis of race, color, religion, national origin, gender, familial status, marital status, source of income, sexual orientation including gender identity, victims of domestic violence, and disability in the admission or access to, or treatment or employment in, its housing programs and activities. IPM Co. is also Fair Housing compliant regarding State, County and City definitions of protected classes. The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department



of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988).
IPM Compliance Director, Fair Housing/504 Coordinator, 1800 SW 1st Avenue, Suite 220 Portland, OR 97201
Phone 503-223-6327 ~ Fax 503-223-3843 ~ TTY 1-800-735-2900

PUBLIC ASSISTANCE VERIFICATION
(Use for AFDC/TANF and other Public Assistance programs)

TANF
ONLY

THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY APPLICANT/TENANT

This Verification is being delivered in connection with the undersigned's eligibility for residency in the following community:

Project Name: _____

Unit Number (if assigned): _____

Building Address: _____

By my signature, I hereby authorize disclosure of the information requested below in order to determine my eligibility to rent as required by the Low Income Housing Tax Credit (LIHTC) and/or HOME programs.

Applicant/Tenant Signature _____

Return Form to: _____

Printed Name of Applicant/Tenant _____

Date _____

Social Security # _____

--

THIS SECTION TO BE COMPLETED BY AGENCY PROVIDING ASSISTANCE

The above-named individual has applied for residency or is currently residing in housing that requires verification of Public Assistance being received. Please provide the information requested below:

PLEASE COMPLETE THE FOLLOWING:

Number in the Family: _____

Type of Assistance: _____

Amount of Assistance: \$ _____

Other type of Assistance: _____

Other Assistance Amount: \$ _____

TOTAL

MONTHLY ASSISTANCE \$ _____

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

Signature: _____

Date: _____

Printed Name: _____

Phone: _____

Title: _____

Organization: _____

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.

EMPLOYMENT VERIFICATION

This section to be completed by Owner/Agent and Applicant/Tenant

The Owner/Agent must mail, fax or email this form directly to the Applicant's/Tenant's employer.

EMPLOYER:

Company Name: _____

Address: _____

Email: _____

Fax#: _____

PROPERTY:

Property Name: _____

Address: _____

Email: _____

Fax#: _____

**APPLICANT/TENANT (Employee)
Authorization for Release of Information**

--	--	--	--

Printed Name of Applicant/Tenant

SSN Last Four Digits

Unit # (if assigned)

By my signature, I hereby authorize disclosure of the information requested below in order to determine my eligibility to rent a unit at the property identified above and as required by the funding program/s associated with it.

Signature of Applicant/Tenant

Date

The above named applicant/tenant has applied for or currently resides in rental housing in a community that operates under a state and/or federal housing program that requires verification of income. The information you provide will remain confidential and will only be used to determine the applicant's/tenant's eligibility to reside at this property.

Employer – please complete the following: (Mark items N/A if not applicable)

Employee Name: _____ Job Title: _____

Currently Employed: YES: _____ NO: _____
Date of Hire _____ Date Employment Ended _____

Regular WAGES: \$ _____ Per Hour Week Bi-Weekly Semi-Monthly Month Year

Average # of Regular Hours/Week: _____ Employee Works Overtime: Yes No

Average # of Overtime Hours/Week: _____ Overtime Rate: \$ _____ /hour > Included in YTD? Yes No NA

Avg # of Shift Differential Hours/Week: _____ Shift Differential Rate: \$ _____ /hour > Included in YTD? Yes No NA

Commissions/Bonuses: \$ _____ /Hour/Week/Month Tips: \$ _____ /hour/week/month > Included in YTD? Yes No NA

Gross Year-to-Date (YTD) Earnings: \$ _____ Earned From: _____ / _____ / _____ to _____ / _____ / _____

Any anticipated changes in this employee's wages within the next 12 months: Yes No

List upcoming change/s: _____ Effective Date: _____

Employee's work is Seasonal or Sporadic: Yes No If Yes, indicate lay-off period/s: _____

Employee participates in a 401K / Retirement Account: Yes No Can employee access funds in the account? Yes No

If the account can be accessed, how much can the employee withdraw without retiring or losing employment? \$ _____

I hereby certify, by my signature below that the information I have supplied is true and correct:

Printed Name of Verifier

Title of Verifier

Phone Number

Signature of Verifier

Date

Email

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.

SOCIAL SECURITY BENEFITS VERIFICATION

THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY APPLICANT/TENANT

This Verification is being delivered in connection with the undersigned's eligibility for residency in the following community:

Project Name: _____ Unit Number (if assigned): _____

Building Address: _____

By my signature, I hereby authorize disclosure of the information requested below in order to determine my eligibility to rent as required by the Low Income Housing Tax Credit (LIHTC) and/or HOME programs.

Applicant/Tenant Signature

Return Form to:

Printed Name of Applicant/Tenant

Date _____

Social Security # _____

--

THIS SECTION TO BE COMPLETED BY SOCIAL SECURITY ADMINISTRATION

The above-named individual has applied for residency or is currently residing in housing that requires verification of all income being received. Please provide the information requested below:

PLEASE COMPLETE THE FOLLOWING:

Date of Initial Award: _____

Current GROSS Monthly Benefit: \$ _____

Effective Date of Current Benefit: _____

Medical Insurance Premiums: \$ _____

(deducted from gross benefit)

Upcoming COLA Increase Amount: % _____ or Unknown

Effective Date of Upcoming COLA: _____

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

Signature: _____

Date: _____

Printed Name: _____

Phone: _____

Title: _____

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.



ANNUAL LIHTC/BOND CERTIFICATION OF STUDENT STATUS

All household members 18 or older (or if under 18 and qualified as Head, Co-Head, or Spouse) must complete, sign and date this form upon move-in and annually during the Initial Compliance Period of the project.

Property Name: Vibrant BIN #: OR1721101 Unit #: _____

Household Occupants: _____

This form is to be completed by Applicant/Tenant

You have applied for (or currently reside in) a rental housing unit located in a development operating under the "Low-Income Housing Tax Credit" (LIHTC) Program of Section 42 of the Internal Revenue Code. Provisions of this code require verification of all income and assets, as well as other claims of eligibility. Please check A, B, or C as it applies to your household:

- A. **Household contains at least one occupant who is not a student, has not been a student, and will not be a student for any part of 5 months or more during the current and/or upcoming calendar year** (months need not be consecutive). If this item is checked, **and** you have student loans in repayment or deferral, please state how long it has been since you were in school _____. If you do not have student loans and have checked this item, no further action is necessary.
- B. **Household contains all students, but is qualified because the following occupant, _____, is a part-time student.** Verification of part-time student status (form OHCS.6) is required for at least one household member.
- C. **Household contains all full-time students for any part of 5 months or more during the current and/or upcoming calendar year** (months need not be consecutive). If "C" applies, complete questions 1-5 below:
1. Is at least one student receiving assistance under Title IV of the Social Security Act (i.e. AFDC, TANF, etc.)? Yes No
 2. Was at least one student previously under the care and placement responsibility of the state agency responsible for administering foster care? If yes, attach documentation of previous participation. Yes No
 3. Does at least one student participate in a program receiving assistance under the Job Training Partnership Act, Workforce Investment Act, or under other similar federal, state or local laws? If yes, attach documentation of current participation. Yes No
 4. Is at least one student a single parent with child(ren) *and* this parent is not a dependent of another individual *and* the child(ren) is/are not dependent(s) of someone other than the other (or absent) parent? If yes, attach third party documentation (i.e. tax return or a court order establishing custody). Yes No
 5. Are the students married and file a joint tax return? If yes, attach a copy of the marriage license or the most recently filed tax return. Yes No

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

Signature of Applicant/Tenant

Printed Name of Applicant/Tenant

Date

Signature of Applicant/Tenant

Printed Name of Applicant/Tenant

Date

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

INCOME STATUS CERTIFICATION

Applicant/Tenant Name: _____

Unit #: _____

Property Name: _____

This form to be completed by the Applicant/Tenant

Answer all of the following: Mark each statement as True or False as it applies to you and complete the other information indicating sources and amounts of each as applicable.

TRUE FALSE

1. I have never been employed.
2. I am unemployed. My most recent work end date is: _____ I worked at: _____
3. I have applied for Unemployment Benefits. Date applied: _____
Benefits are expected to start on: _____
If NOT; Explain: _____
4. I am receiving Unemployment benefits. My gross weekly benefit amount is: \$ _____
5. I receive income from the following Benefits sources—fill in the gross monthly amount for each:

	VA Pension:	\$
	Social Security (all forms):	\$
	Disability:	\$
	Child Support/Alimony:	\$
	Other:	\$

6. I receive income from the following Assistance sources—fill in the gross monthly amount for each:

	TANF:	\$
	Family/Friends:	\$
	Other:	\$
	Other:	\$

7. I have income from a source not listed above. I receive \$ _____ per month from: _____
8. I have no income from any source and other household members pay for all my expenses.
9. I have no income from any source and other person/s or entities **outside my household** pay for expenses on my behalf.
Fill in the amount paid for each item and the person or entity that makes the payment:

	Rent:	\$	Paid by:
	Utilities:	\$	Paid by:
	Phone:	\$	Paid by:
	Household supplies:	\$	Paid by:
	Transportation	\$	Paid by:
	Other non-food items:	\$	Paid by:
	Other:	\$	Paid by:

10. I have no income from any source and no other person or entity pays for expenses on my behalf.
Explain how expenses are paid: _____

11. I have secured new employment at: _____
(Attach a copy of offer letter or other documentation from employer supporting this information).
This employment will begin on: _____
My gross monthly income will be: \$ _____

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 understands that providing false representations herein constitutes an act of fraud. Providing false, misleading or incomplete information may result in the termination of a lease agreement.

Printed Name of Applicant/Tenant

Applicant's/Tenant's Signature

Date

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