



## Commonwealth Management Corporation Tenant Selection Plan

### **EFFECTIVE: December 16, 2020**

Commonwealth Management Corporation provides Low Income Housing Tax Credit (LIHTC) & HOME Communities that are administered by Section 42 of the IRS Code and governed under the HOME program, and are designated to attract applicants for occupancy from all potentially eligible groups of people in the housing area regardless of race, color, religion, sex, national origin, disability, familial status, marital status, source of income, age, ancestry, medical condition, sexual orientation or any other arbitrary basis. The goal of this Tenant Selection Plan is to establish a guideline for the selection of residents in accordance with HUD 4350.3, Section 42 LIHTC regulations and HOME regulations, which will enhance the quality of life for our residents and improve the financial viability of Management.

➤ **Income Limits**

HUD establishes income limits and revises them annually. Based off the limits released by HUD, the state agency responsible for monitoring compliance will release income limits or provide direction to the Community on how to acquire these applicable rent and income limits. Income limits are based on household size and the annual income the household receives.

➤ **Security Deposit**

A security deposit will be required for every household and is due at the time of lease execution. Please note that the forfeiture of a security deposit will apply if/when: The tenant fails to move in or take possession of the unit after signing the lease contract, the tenant fails to provide notice of intent to vacate within the required time frame, failure to fulfill the lease terms as identified within the lease contract.

Security deposits are as follows:

Security Deposit	\$
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Additional Deposit: Deposit equal to one month's rent will be required if screening is conditional.

➤ **Availability of Plan**

The Tenant Selection Plan is available in a common area of the rental office. It may be reviewed at the property leasing office during normal office hours. All applicants will be provided a copy of this plan and will be required to sign an acknowledgment form stating they have read and understand the plan.

➤ **Modification of Plan**

Management will review this Tenant Selection Plan at least once annually or when there is a change in regulations to ensure that it reflects current operating practices, program priorities and program requirements. If Management and/or the property's governing agency feel the plan needs to be modified in anyway, a notice of such modification will be provided to existing residents. Based on the new criteria tenants who already reside at the property at the time the revised tenant selection plan is applied and who are otherwise in good standing under the lease will not receive notices of non- renewal or termination. For this reason, the current Tenant Selection Plan in place at the property will always be dated.





## **I. Fair Housing and Equal Opportunity Requirements**

It is the policy of Management to comply fully with Title VI of the Civil Rights Act of 1964, Title VIII and Section 3 of the Civil Rights Act of 1968 (as amended by the Community Development Act of 1974), Executive Order 11063, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975 and any legislation protecting the individual rights of residents, applicants or staff which may subsequently be enacted. Management shall not automatically deny admission to a group or category of otherwise eligible applicants. Each applicant in a group or category will be treated on an individual basis in the normal processing routine.

The following factors will not be considered when deciding to admit or reject an application:

- Race, Color, Religion, Ancestry, National Origin, VAWA, Age, Sex, Marital Status, Familial Status, Sexual Orientation, Medical Condition, Place of Employment, Handicap, or disability including mental or psychological illness or Gender Identity.

In addition, Management will not:

- Deny to any applicant the opportunity to apply for housing nor deny any eligible applicant the opportunity to lease housing suitable to his/her needs
- Provide housing which is different from that provided others
- Subject a person to segregation or disparate treatment
- Restrict a person's access to any benefit enjoyed by others in connection with the housing program
- Treat a person differently in determining eligibility or other requirements for admission
- Deny a person access to the same level of services; or
- Deny a person the opportunity to participate in a planning or advisory group that is an integral part of the housing program

## **II. Violence against Women Reauthorization Act of 2013**

Provides protections to Applicants/Tenants from being denied admission to, denied assistance under, termination from participation or evicted from housing on the basis that such person(s) are or have been the victims of domestic violence, dating violence, sexual assault and/or stalking *or* deny assistance, tenancy or occupancy rights solely on the basis of criminal activity directly relating to domestic violence, dating violence, sexual assault or stalking.

- This Community will not assume that any act is a result of abuse covered under VAWA. To receive the protections outlined in the VAWA, the applicant/resident must specify that he/she wishes to exercise these protections. If any applicant or resident wishes to exercise the protections provided in the VAWA, he/she should request additional information from management and follow the steps and guidelines outlined in managements Violence Against Women Act Policy.
- If a request under VAWA has been made the applicant will complete the VAWA certification form or supply approved documentation outlined in managements VAWA Policy within 14 calendar days from the date of the request.
- Office Staff will review and respond to requests to exercise protections provided under the VAWA within ten (10) business days of receiving all required documentation. Responses may include but is not limited to: *Approval, denial, or request for additional information*
- If the certification provided by the Applicant/Tenant contains conflicting information, we may request additional documentation as described in our VAWA policy. The Applicant/Tenant must supply requested documentation within (10) business days after request. If the victim is unable to provide required documentation within the required timeframe, the Office Staff will deny the request.
- If a request that is subject to VAWA is denied, the requestor has the right to appeal the decision within fourteen (14) days of the date of the written notification of denial. The appeal meeting will be conducted by a person who was not originally involved in the decision to deny.

**NOTE:** *Per the Reauthorization Act of 2013, Management is not limited from terminating assistance or tenancy for any violations under the Tenants current lease agreement that is not premised on the act of violence.*





### **III. Marketing**

Management enforces a marketing effort that attracts a broad cross-section of the eligible population without regard to Race, Color, Religion, Ancestry, National Origin, VAWA, Age, Sex, Marital Status, Familial Status, Sexual Orientation, Medical Condition, Place of Employment, Handicap or Disability including Mental or Psychological Illness, Gender Identity or any other arbitrary basis.

➤ **Affirmative Fair Housing Marketing Plan (AFHMP)**

Management complies with the requirements of the approved AFHMP established, which is designed to promote equal housing choice for all prospective residents. Management will market at least quarterly but as needed to fill vacancies. The purpose of the plan is to ensure that eligible households of similar income levels will have a similar range of housing opportunities. The plan outlines marketing strategies Management will use. Special efforts will be made to attract persons who are least likely to apply due to such factors as the racial or ethnic composition of the neighborhood. Marketing will also seek to reach persons with disabilities and potential applicants outside the immediate neighborhood if marketing only within the neighborhood would create a disparate impact against certain classes, such as the case of an entire neighborhood that includes no minorities.

Management will review the AFHMP every three years and update it as needed to ensure compliance with LIHTC and HOME regulations. If the demographics of the area have changed, Management will determine whether advertising efforts should be targeted to different groups. The AFHMP will be revised whenever a substantial change takes place, or the local Consolidated Plan is updated. For further information please reference the Biennial Affirmative Fair Housing Marketing Plan Policy & Procedure.

➤ **Monitoring and Documenting Marketing Activities**

Management will monitor marketing efforts and document the results in writing. The documentation will be made available, upon request for all marketing activities to show consistency with affirmative fair housing marketing requirements and the approved plan for Management. This documentation will include copies of media and marketing materials, records of marketing activities conducted, and documentation of any special marketing activities conducted in accordance with Management approved AFHMP and placed in property marketing binder.

➤ **Targeted Population**

When available units cannot be filled from applicants on a Waiting List, Management will target advertising to groups other than the typical population of the neighborhood and will reach out to applicants who are least likely to apply because they are not the predominant racial or ethnic group in the neighborhood.

➤ **Form of Advertisement**

All advertising for this property includes the HUD-approved Equal Housing Opportunity logo, the Equal Housing Opportunity slogan, or an equal housing statement. All advertising using human models will depict members of all eligible protected classes including individuals from both majority and minority groups.

➤ **Source of Advertising** Management will use the following public forums for its general advertising:

- ✓ Social Media
- ✓ Local Housing Authority





➤ **Fair Housing Poster**

Management has posted the required Equal Housing Opportunity poster at the Leasing Office that is readily apparent to all persons seeking housing.

**IV. Privacy Policy**

It is the policy of Management to guard the privacy of individuals conferred by the Federal Privacy Act of 1974 and to ensure the protection of such individuals' records maintained by Management. Unless required by Federal or State Law, neither Management nor its agents shall disclose any personal information contained in its records to any person or agency unless the individual about whom information is requested shall give written consent to such disclosure. Management will also not make files, forms, or documents available to any investigating officer unless a court order for such action is provided. This privacy policy in no way limits Management from collecting information needed to determine the eligibility and income to determine an applicant(s) suitability for tenancy.

**V. Project Eligibility Requirements**

Project Eligibility establishes whether applicants are eligible to reside in the specific property to which they are applying. Management will review all the following criteria to establish household project eligibility. The screening criteria will be applied uniformly, and in a manner consistent with all applicable law, including the state and Federal Fair Housing Acts, the Federal Fair Credit Reporting Act, program guidelines and the Departments Rules. Certain key questions relating to the applicant's eligibility and resident history will be asked, including Social Security numbers or other sort of identification, the names, addresses and telephone numbers of current and former landlords. Failure to provide this information will result in cessation of application processing. Property staff will assist applicants, as needed in understanding the application process and completing forms. Applicants will be instructed on what aspects of their background will be checked. An applicant has the right to voluntarily withdraw from the application process at any time. Live in Aids will be subject to the same general screening criteria as household members, except that Live-in Aids will not be screened for their ability to pay rent.

➤ **Occupancy Standards**

Occupancy Standards is the maximum number of occupants that can reside in a unit. Units are assigned according to household size and composition. Management has adopted a bedroom size standard of 2 persons over the age of 1 per bedroom. This standard serves to avoid overcrowding and ensure consistency. If the appropriate unit size is not available at the time of application, the applicant will be put on the Waiting List for the appropriate unit size.

Bedroom Size	
1 Bedroom	2
2 Bedrooms	4
3 Bedrooms	6
4 Bedrooms	8

Management will rely on the applicant's disclosure of all member's expected to reside in the unit for the next 12 months when determining household size and the appropriate unit size. Household members also include but are not limited to the following:

- ✓ Minors temporarily absent due to placement in a foster home
- ✓ Minors in joint custody arrangements who are present in the household 50% or more of the time
- ✓ Any Individual who is away at school but who live with the family during school recesses
- ✓ Unborn children of pregnant women
- ✓ Children who are in the process of being adopted
- ✓ Temporarily absent family members who are still considered family members
- ✓ Family members in a hospital or rehabilitation facility for periods of limited or fixed duration





- ✓ Persons permanently confined to a hospital or nursing home as requested by applicant
- ✓ Minor(s) whose custody is being obtained by an adult household member
- ✓ Any Individual temporarily in a correctional facility / detention center who will return to the household
- ✓ Household member of Military Personnel deployed to active duty

➤ **Rental History**

Past performance for meeting financial rent and current lease compliance obligations will be checked by contacting the current landlord and at least one prior landlord. The purpose of these checks is to obtain information on the applicant's history of meeting financial rent obligations, future ability to make timely rent payments and to describe whether the applicant has ever been evicted from a rental unit. If the applicants current living arrangements are with a family member, then two previous landlords may be contacted.

- **Rental Debt:** Management will screen applicants for their credit activity for the past 3 years.
  - ✓ Management will require for any/all rental debts within the past 3 years that proof of payments made, payment arrangement or paid in full status be provided.
  - ✓ Management will require that any/all rental debt owed to the Community for which the applicant is applying *or* another community that is managed by Commonwealth Management Corporation, be paid in full prior to approval of application.
- **Bankruptcy:** Bankruptcy's must be discharged, or documentation is required from an attorney stating that no debt can be added to the bankruptcy.
- **Record of Eviction:** Any household member with six or more evictions filed within the past two years will be denied. Any household member with two or more evictions granted within the past three years will be a denial.
- **Disturbance(s):** Management will check with the current landlord and at least one former landlord for potential problems regarding documented disturbance of neighbors or destruction of property that would pose a threat to the health and safety of other residents and/or property. An applicant's behavior toward property staff will be considered in relation to future behavior toward neighbors. Physical or verbal abuse or threats by an applicant toward staff will be noted in the file and may be grounds for denial of residency.
- **Housekeeping Habits:** All landlords contacted for rental history will also be questioned regarding the applicant's housekeeping habits, to determine the maintenance of the present home regarding sanitary conditions and fire and safety standards. This includes but is not limited to causing or permitting infestation, foul odors or other issues injurious to other persons' health, welfare or enjoyment of the premises; depositing garbage improperly; failing to use in a reasonable and proper manner all utilities, facilities, services, appliances and equipment within the dwelling unit, or failing to maintain them in good clean condition; or any other conduct or neglect which could result in health or safety problems or in damage to the premises.

➤ **Drug Abuse & other Criminal Activity**

Management will deny admission to any member of the household that is subject to a lifetime registration requirement under a state sex offender registration program. In accordance with Federal Law, Management is establishing this standard to prohibit admission to this federally assisted property to sex offenders subject to a lifetime registration requirement under a state sex offender registration program. During the admission screening process, Management will perform the necessary criminal history background checks. A decision will automatically be generated by Rent Grow based on the criteria set forth by management.





Management shall not consider an arrest for a disqualifying offense as proof that the applicant or tenant engaged in disqualifying criminal activity. The arrest may, however, trigger an investigation to determine whether the applicant or tenant engaged in disqualifying criminal activity. As part of our investigation, we may obtain the police report associated with the arrest and consider the reported circumstances of the arrest. Management may also consider any statements made by witnesses or the applicant or tenant not included in the police report; whether criminal charges were filed; whether, if filed, criminal charges were abandoned, dismissed, not prosecuted, or ultimately resulted in an acquittal; and any other evidence relevant to determining whether or not the applicant or tenant engaged in disqualifying activity.

➤ **Citizenship**

Applications will not be approved from those that are not a U.S. Citizen, National or a Non-Citizen with eligible immigration status, unless prohibited by local governing agencies.

➤ **Minimum Financial Standards**

Management has adopted the following minimum income requirement:

- ✓ The gross income for HH with a section 8 voucher can have the minimum rent to income ratio requirement waived if they meet all requirements noted within this Tenant Selection Plan
- ✓ The gross income for households not receiving rental assistance is 2.5 times the monthly rent amount

## **VI. Program Eligibility Requirements**

➤ **Student Eligibility**

On 11/30/2005, Congress enacted Public Law 109-115, which included in Title III, Section 327, appropriations for HUD regarding eligibility of students for assisted housing under Section 8. Owners of LIHTC and HOME communities are required to determine a student's eligibility at move-in and annual recertification. Management will use the following HUD guidelines as indicated in Chapter 3 of HUD's Occupancy Handbook, HUD Handbook 4350.3 REV 1, CHG-4. Management strictly adheres to these guidelines on student eligibility.

Units comprised of full-time students do not qualify as a LIHTC unit unless one of the following exceptions apply:

- ✓ A student receiving assistance under Title IV of the Social Security Act,
- ✓ A student who was previously under the care and placement responsibility of: the State agency responsible for administering a plan under part B or part E of title IV of the Social Security Act,<sup>2</sup> or a student enrolled in a job training program receiving assistance under the Job Training Partnership Act or under other similar Federal, State, or local laws.
- ✓ Single parents and their children and such parents are not dependents (as defined in IRC §152, determined without regard to subsections (b)(1), (b)(2), and (d)(1)(B) thereof) of another individual and such children are not dependents (as so defined) of another individual other than a parent of such children,<sup>3</sup> or
- ✓ married and file a joint return

Units comprised of full-time or part-time student(s) do not qualify as a HOME unit unless one of the following exceptions apply:

- ✓ Student is at least 24 years of age
- ✓ Student(s) are married
- ✓ Student is a veteran
- ✓ Student has a dependent child





- ✓ Student is a person with disabilities, as defined in 3(b)(3) of the US Housing Act of 1937 who was receiving Section 8 assistance as of November 30, 2005
- ✓ Independent student as defined by the U.S Department of Education

Any financial assistance, for households receiving Section 8 assistance, a student receives (1) under the Higher Education Act of 1965 (2) from private sources or (3) from an institution of higher education that is in excess of amounts received for tuition is included in annual income, except if the student is over the age of 23 with dependent children or if the student is living with his or her parents who are receiving Section 8 assistance. (See the Glossary of HUD Handbook 4350.3 REV 1, CHG-4 for an expanded definition of Student Financial Assistance)

## **VII. Application Intake and Processing**

Application(s) can be submitted to Management via mail, email, and fax or can be picked up during office hours at Management leasing office only when the waiting list is open. If Management accepts an application via mail, email or fax, consideration of the application will be deferred pending receipt of the application fee. Management will make exceptions to these procedures to consider circumstances beyond the applicant's control, such as medical emergencies or extreme weather conditions. A onetime applicant fee of \$\_\_\_\_\_ will be required for each applicant over the age of 18. This fee is for the processing of a credit & criminal background check and is non-refundable. Failure to respond to letters or phone messages may result in withdrawal of an application from further processing.

### ➤ **Application Packet**

Every applicant over the age of 18 is required to complete an application. The information requested in the application packet includes:

- ✓ Household characteristics such as name, sex, age, marital status, disability status (only where necessary to establish eligibility), need for an accessible unit.
- ✓ General household contact information such as address, phone number, etc.:
- ✓ Sources and estimates of the household's anticipated annual income and assets.
- ✓ Social Security Number(s).
- ✓ Certification of Student Status Eligibility
- ✓ Identification of preferences for which the household qualifies
- ✓ Screening information, which may include prior landlord, credit, and drug/criminal history.
- ✓ Certification from the applicant stating the accuracy and completeness of information provided.
- ✓ Authorization by the applicant that allows Management to verify all information provided on the rental application.
- ✓ Certification that if there is a change in the applicant's income, they will notify the management office

Every applicant who completes an application for tenancy must also complete a Tenant Release and Consent. The consent allows owners to request and receive information from third-party sources about the applicant. An application cannot be processed without this form.

Staff will be prepared to assist any applicants who might have trouble completing the application packet. This assistance might take the form of answering questions about the application form, literacy, vision, or language barriers and, in general, making it possible for interested parties to apply for assisted housing.





➤ **Certifications and Verifications**

In accordance with the HUD 4350.3 and Section 42 of the IRS Code, Management will require certifications and/or verifications be completed or obtained for the following items:

- **Annual Income:** Is defined as the gross income (with no adjustments or deductions) the household anticipates receiving in the 12-month period following the effective date of the household anticipated move in. Income Includes, but is not limited to, earned income of adult members, unearned income from all household members and income from assets. All sources of income must be verified. The following methods are the preferred methods when verifying household income:
  - ✓ Written verification sent & received directly from a 3<sup>rd</sup> party source
  - ✓ Documentation provided by household such as benefit letters, tax returns, or pay stubs. Documentation provided by household must be received within 5 business days from date of application.
  - ✓ Approved management certifications used to further document information not obtainable by methods listed above
- **Assets:** All household assets must be disclosed including the cash value, interest rate and bank name. When applicable, Management will require a verification be obtained for disclosed assets.
- **Student Status / Eligibility:** A certification of Student Eligibility must be completed for each household and executive by every adult member. If applicable, a student verification for every adult member will also be obtained. If the household is comprised of all FT students, management will require the household to provide supporting documentation of a student exception to prove student eligibility.

➤ **Calculating Annual Income**

Projections of Annual Income will include estimates for each disclosed income and will be based on the information obtained and/or provided during the verification process. Management will consider the current income rate(s), frequency, any potential rate increase, bonuses, commissions, tips, and possibility of overtime. Income will be calculated by two methods, the current circumstances based on information and the year-to-date income. The income of irregular workers will be estimated based on the best information available, considering earning ability and work history. The total household income will be based on the highest calculated income.

➤ **Compliance Second Review**

Once the preceding processes have been completed, Management will submit the completed application, certifications & verifications to managements Compliance Department for a second review. The file transmissions are through a secure data base that only management personnel have access to. The second review process is critical to ensuring eligibility of an applicant and/or household prior to tenancy. Once the second review has been completed, the Compliance Department will either notify Management of an approval, request additional documentation/clarification that may be necessary to meet program requirements or deny the application.





### **VIII. Approval and Move In**

Once Management has received notification of approval, Management will immediately contact the applicant to schedule a move in date and leasing signing within 2 business days of approval. At that time, the applicant will need to schedule all applicable utilities to be switched into the applicant's name.

- On the day of lease execution, the applicant should be prepared for the following:
  - ✓ To provide account numbers and Agency name for all tenant responsible utilities
  - ✓ To pay the required security deposit by cashier's check or money order
  - ✓ To pay full or pro-rated rent by cashier's check or money order
- **Unit Inspection:** Before executing the Lease, Management representative and the resident(s) will jointly inspect the unit. The move-in inspection form will be used to indicate the condition of the unit. The condition of the unit must be decent, safe, sanitary and in good repair. If cleaning or repair is required, Management will specify on the form the date by which the work will be completed, which will be no later than 30 days after the effective date of the lease. After the move-in inspection, the resident has 7 day to return the completed move in condition checklist for it to be valid.
- **Lease Documents:** All adult household members will be required to execute the finalized Tenant Income Certification, 12-month lease, Affordable Housing Addendum, House Rules, and any other required addenda specific to our community. After execution, the household will receive a copy of all signed documents.
- **Assistance Animals:** Management will allow assistance animals, which are defined as animal that work, provide assistance, perform tasks for the benefit of a person with disability, or provide emotional support to alleviate identified symptoms or effects of a person's disability. To be eligible for an assistance animal, applicant must complete a reasonable accommodation request and management will submit a verification to applicants' physician. Reasonable Accommodation Requests will be reviewed by upper management and a decision will be provided to the applicant within 30 days of receipt. These animals, often referred to as assistance, service, support or therapy animals perform many disability-related services, including but not limited to guiding individuals who are blind, alerting individuals who are deaf, providing minimal protection or rescue assistance, pulling a wheelchair, fetching items, alerting persons to impending seizures or providing emotional support to persons with disabilities who have a disability-related need for such support. No pet deposit or pet fee is required for assistance animals. Specific animal, breed, number, weight restrictions, and pet deposits will not apply to households who have a qualified service/assistance animal(s). If an accommodation for assistance animals causes a financial and/or administrative burden to Management or becomes a danger to the safety of the other residents or staff, it will be asked that the assistance animal be removed by the Resident.

### **IX. Rejection of Ineligible Applicants**

Applicants who do not pass the eligibility requirements listed within this Tenant Selection Criteria will immediately be sent a letter of rejection (*within 7 days*). The written rejection notice will state the reason for rejection and will inform the applicant of his/her right to respond to dispute the rejection. If rejection is a result of a 3<sup>rd</sup> party report, Management will disclose contact information for the applicable 3<sup>rd</sup> party source. A copy of the criteria for which the applicant was screened and denied will be kept with the applicant file and such file will be maintained for the program applicable time frame. When applicant is deemed as rejected, they must wait ninety (90) days from date of rejection to reapply.





# COMPLIANCE APPLICATION

Property: \_\_\_\_\_

Unit Number: \_\_\_\_\_

- All adults 18 years of age or older, not related by blood, marriage, or adoption, must complete their own application.
- The use of Liquid Paper (white-out), pencil or erasable ink will void this form
- To make a correction, please draw a single line through the incorrect information, initial and correct information
- Application MUST be completed in BLUE ink only

## RESIDENT CONTACT INFORMATION

Resident: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_  
 Address: \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
 \_\_\_\_\_ Mobile Phone: \_\_\_\_\_  
 \_\_\_\_\_ Email: \_\_\_\_\_

## HOUSEHOLD INFORMATION

Please list all household members that are applying to live in the apartment with you

Name (First, Middle Initial, Last)	Relationship to Head of Household	M/F	SS#	Birth date (MM/DD/YY)	Marital Status S/M/W/SEP/D*	Student (Circle One)
	<b>HEAD</b>					Y N
						Y N
						Y N
						Y N
						Y N
						Y N
						Y N

\*S=Single / M=Married / W=Widowed / SEP=Separated / D=Divorced

**A. General Information:**

1. Do you own a pet?  YES  NO If yes, what kind? \_\_\_\_\_ Weight: \_\_\_\_\_
2. Have you or anyone else on this application ever filed bankruptcy OR in the process of filing bankruptcy?  YES  NO

If yes, please explain (include dates):  
 \_\_\_\_\_



3. Have you or anyone else named on this application been convicted OR in the process of being convicted of a felony?  YES  NO  
If yes, please explain: \_\_\_\_\_
4. Have you or anyone else named on this application ever been evicted from OR in the process of being evicted from an apartment for any reason?  YES  NO  
If yes, please explain: \_\_\_\_\_
5. Have you or anyone else on this application been convicted OR in the process of being convicted of dealing or manufacturing illegal drugs?  YES  NO  
If yes, please explain: \_\_\_\_\_
6. Have you or anyone else named on this application been convicted OR in the process of being convicted of property damage?  YES  NO  
If yes, please explain: \_\_\_\_\_
7. Is the household comprised entirely of full-time students?  YES  NO
8. If full-time student household, is the household comprised of a single parent who is not a tax dependent of another party **and** whose child(ren) cannot be claimed as a tax dependent by anyone other than the other parent?  YES  NO  NA

**B. Housing Reference:** (List all residences and applicable landlord reference in the past thirty-six (36) months, use additional page if necessary.)

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

From \_\_\_\_\_ To \_\_\_\_\_ (Mth/Yr) \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Do you own this residence?  YES  NO If NO, do you rent this residence?  YES  NO

Landlord \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Landlord phone # \_\_\_\_\_ Rent per month \_\_\_\_\_

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

From \_\_\_\_\_ To \_\_\_\_\_ (Mth/Yr) \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Did you own this residence?  YES  NO If NO, did you rent this residence?  YES  NO

Landlord \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Landlord phone # \_\_\_\_\_ Rent per month \_\_\_\_\_

**C. Emergency Contact:** (Other than person listed on application). Please list someone in the immediate area if possible.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone Number ( ) \_\_\_\_\_ Work Phone Number ( ) \_\_\_\_\_

**D. Drivers License #: Head:** \_\_\_\_\_ **Co-Head:** \_\_\_\_\_ **State Issued:** \_\_\_\_\_

6/15

CCS Form #501 W



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 departments 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 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), (8).



YES   NO

 

**1. Do you expect any additions to the Household in the next 12 months?**

Name & Relationship: \_\_\_\_\_  
Explanation: \_\_\_\_\_  
When: \_\_\_\_\_

 

**2. Is there anyone living with you now who won't be living with you at this property (Includes relatives)**

Name & Relationship: \_\_\_\_\_  
Explanation: \_\_\_\_\_

 

**3. Do all the children in the household live with you 50% or more of the time? If no, obtain proof of amount of time child(ren) will be living in the unit.**

Explanation: \_\_\_\_\_

 

**4. Are there any absent household members who under normal conditions would live with you? (For example, a household member away in the Military)**

Explanation: \_\_\_\_\_

 

**5. Does your household have or anticipate having any pets other than those that are used as service animals?**

Explanation: \_\_\_\_\_

**INCOME INFORMATION**

- Income is counted for any household member who is 18 years of age or older or 17 years of age turning 18 in the next 12 months, unless legally emancipated. However, if the income is unearned, such as a grant or benefit, it is counted for all household members, including minors.
  - Include all income anticipated over the next 12 months.

**Do YOU expect to receive income from:**

 

CCS #205

**6. Employment wages or salaries? (Include tips, overtime, bonuses, commissions or cash payments)**  
*Form 221 must be included if the applicant indicates tips.*

<u>Household Member</u>	<u>Name of Company</u>	<u>Amount*</u>	<u>Frequency</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\*# of hours per week & weeks per year or net or gross income per year

 

CCS #222

**7. Are you or any other ADULT household members claiming zero employment income?**

*(i.e. Does not receive employment income)*

Household Member: \_\_\_\_\_  
Explanation: \_\_\_\_\_

 

CCS #222/#224

**8. Are you or any other ADULT household members claiming zero income?**

Household Member: \_\_\_\_\_  
Explanation: \_\_\_\_\_



YES NO

CCS #218/#219

**9. Self-Employment?**

Household Member                      Name of Company                      Amount                      Frequency

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

CCS #211

**10. Regular pay as a member of the Armed Forces?**

Household Member                      Base Name and Branch                      Amount                      Frequency

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

CCS #223

**11. Unemployment benefits?**

Household Member                      Name of Company                      Amount                      Frequency

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

CCS #203/#204

**12. Worker's Compensation, Disability, or Insurance Payments (Not Social Security)?**

Household Member                      Name of Company                      Amount                      Frequency

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

CCS #220

**13. Public Assistance, General Relief or AFDC, W – 2, or Temporary Assistance for Needy Families?**

Household Member                      Name of Company                      Amount                      Frequency

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

CCS #201/#202

**14. A. Child Support**

Household Member                      Payor & Child(ren)                      Amount                      Frequency

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

**B. How is the support received?**

- Child Support Enforcement Agency Name of Agency: \_\_\_\_\_
- Court of Law Name of Court : \_\_\_\_\_
- Directly from Person Name of Person: \_\_\_\_\_
- Other Explain: \_\_\_\_\_

**C. If court-ordered, but not actually received, are you taking legal action to remedy?**

Explain: \_\_\_\_\_  
\_\_\_\_\_



**YES NO**

CCS #202

**15. Alimony/Maintenance? If there is a court order, must provide.**

Household Member                      Payor                      Amount                      Frequency

\_\_\_\_\_

CCS #217

**16. Social Security, SSI or any other payments from the Social Security Administration?**

Household Member                      SSA Office                      Amount                      Frequency

\_\_\_\_\_

CCS #212/ #216

**17. Regular payments from a Veteran's benefit, pension, retirement benefit or annuities?**

Household Member                      Name of Company                      Amount                      Frequency

\_\_\_\_\_

CCS #208

**18. Regular payment from a severance package?**

Household Member                      Name of Company                      Amount                      Frequency

\_\_\_\_\_

CCS #208

**19. Regular payments from any type of settlement? (For example: insurance settlement)**

Household Member                      Name of Company                      Amount                      Frequency

\_\_\_\_\_

CCS #214

**20. Regular gifts or payments from anyone outside the household? (Includes anyone supplementing your income or paying any of your bills)**

Household Member                      Source of Benefit                      Amount                      Frequency

\_\_\_\_\_

CCS #208

**21. Regular payments from lottery winnings or inheritances?**

Household Member                      Source of Benefit                      Amount                      Frequency

\_\_\_\_\_

CCS #215

**22. Regular payments from rental property or any other types of real estate transactions?**

Household Member                      Source of Benefit                      Amount                      Frequency

\_\_\_\_\_

CCS #200/#208

**23. Any other income sources or types not listed?**

Household Member                      Source of Benefit                      Amount                      Frequency

\_\_\_\_\_



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 departments 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 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), (8).



## ASSET INFORMATION

- Include all assets held and the income derived from the asset.
- INCLUDED ALL ASSETS HELD BY YOU AND YOUR MINOR CHILDREN

**YES NO**

 

CCS #101

**24. Checking or savings account?**

<u>Household Member</u>	<u>Financial Institute</u>	<u>Account #</u>	<u>Type</u>	<u>Amount</u>
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CCS #101

**25. CDs, Money Market accounts or treasury bills?**

<u>Household Member</u>	<u>Financial Institute</u>	<u>Account #</u>	<u>Type</u>	<u>Amount</u>
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CCS #113

**26. Stocks, Bonds, Mutual Funds or Securities?**

<u>Household Member</u>	<u>Financial Institute</u>	<u>Account #</u>	<u>Type</u>	<u>Amount</u>
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CCS #101

**27. Trust fund?**

<u>Household Member</u>	<u>Financial Institute</u>	<u>Account #</u>	<u>Type</u>	<u>Amount</u>
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CCS #108

**28. Pensions, IRAs, Keogh, 401K, or other retirement accounts? (Referring to benefits as a current employee)**

<u>Household Member</u>	<u>Financial Institute</u>	<u>Account #</u>	<u>Type</u>	<u>Amount</u>
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CCS #112

**29. Cash on hand?**

<u>Household Member</u>	<u>Amount</u>
-------------------------	---------------

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CCS #114

**30. Whole Life or Universal Insurance policy? (Not term insurance policy)**

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
-------------------------	--------------------------	---------------

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CCS  
#103/#107/#110/#111

**31. Real estate, rental property, land contract / contract for deeds or other real estate holdings?**

*(This includes your personal residence, mobile homes, vacant lands, farms, vacation homes or commercial properties)*

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Address of Property</u>	<u>Market Value</u>
-------------------------	--------------------------	----------------------------	---------------------

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YES NO

CCS #109

**32. Personal property held as an investment?**

*(This includes paintings, coin/stamp collections, artwork, collector or show cars, campers, boats, and antiques. This does not include your personal belongings such as your car, furniture or clothing.)*

Household Member                      Source of Benefit                      Type                      Market Value

\_\_\_\_\_

CCS #112

**33. A safe deposit box?**

Household Member                      Amount

\_\_\_\_\_

CCS #102

**34. Have you or any other household member disposed of or given away any asset(s) for LESS than fair market value within the past two years?**

Household Member                      Amount                      Explanation

\_\_\_\_\_

CCS #106

**35. Have you or any other household member received a lump sum in the past 12 months?**

Household Member                      Amount                      Explanation

\_\_\_\_\_

\$ \_\_\_\_\_

**36. What is the CASH value of your combined total assets? (Items total #24-#35 and put amount in box)**

- Cash value is less than \$5,000 – Complete Under \$5,000 Asset Certification (#105)
- Cash value is greater than \$5,000 – 3<sup>rd</sup> Party verification required.

*Complete the necessary form(s) as indicated above.*

*The following questions pertain to specific eligibility requirements.*

CCS #313

**37. Are you or any other household member (INCLUDING MINORS) currently a part/full-time student?**

Household Member                      Name of School

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

CCS #313/#305

**38. Do you or any other household member (INCLUDING MINORS) expect to be a full-time student in the next 12 months?**

Household Member                      Name of School                      Date Last Attended

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



**YES**   **NO**

CCS #313

**39. Have you or any other household member (INCLUDING MINORS) been a full-time student in this calendar year?**

<u>Household Member</u>	<u>Name of School</u>	<u>Date Last Attended</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**40. If yes to #38, #39, or #40 and you are attending any school other than elementary through high school, how are you paying for the tuition and all other necessary fees associated with school, college, tech school, et cetera?**

Explanation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CCS #306/#307

**41. Will you or any ADULT household member require a live-in care attendant to live independently?**

Name of Attendant: \_\_\_\_\_  
Relationship (if any): \_\_\_\_\_

CCS #304

**42. Was your household receiving Section 8 or any other type of rental assistance at the time of move-in?**

Name of Agency: \_\_\_\_\_  
Contact Person: \_\_\_\_\_

CCS #304

**43. Is your household currently receiving Section 8 or any other type of rental assistance?**

CCS #304

**44. Will your household be eligible or are you applying to receive Section 8 or any other type of rental assistance in the next 12 months?**

Expected Date: \_\_\_\_\_  
Agency/Contact Person: \_\_\_\_\_

**45. Are you currently or will you be an employee of Commonwealth Management? Will any rental/employee discount be provided?**

Total Unit Rent: \_\_\_\_\_  
Your Portion: \_\_\_\_\_  
Discount Amount: \_\_\_\_\_



**SIGNATURE CLAUSE**

I understand that management is relying on this information to prove my household's eligibility for the Housing Credit Program. I certify that all information and answers to the above questions are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may result in criminal penalties.

I authorize my consent to have management verify the information contained in this application for the purposes of proving my eligibility for occupancy. I will provide all necessary information including source names, addresses, phone numbers and account numbers where applicable and any other information required for expediting this process. I understand that my occupancy is contingent upon meeting management's resident selection criteria and the Housing Credit Program requirements.

**\*ALL ADULT HOUSEHOLD MEMBERS MUST SIGN BELOW\***

This is a preliminary application and gives you no lease or rental rights. Additional information may be required at a later date to complete processing of this application. If this application is approved, and I fail to enter into a lease or rental agreement, the earnest money and any subsequent payments may be retained to compensate the Landlord's costs and damages, subject to the Landlord's duty to mitigate, or per state statutes. The earnest money and any subsequent payments will be refunded to me by the end of the next business day if: (1) this application is rejected, or withdrawn before approval; or (2) if the Landlord takes no action on this application by the end of the 21<sup>st</sup> day following the Landlord's receipt of the earnest money. Any application fee is non-refundable.

Wisconsin applicants only: Applicant hereby acknowledges receipt of a copy of the lease, the policies and procedures addendum, the NONSTANDARD RENTAL PROVISIONS addendum, and any other addenda that applicant has expressed interest in which will require the applicant's signature upon entering into a lease.

**ADULT HOUSEHOLD MEMBERS MUST INITIAL HERE:** \_\_\_\_\_

**APPLICANT SIGNATURES**

_____ Signature	_____ Printed Name	_____ Date
_____ Signature	_____ Printed Name	_____ Date
_____ Signature	_____ Printed Name	_____ Date

**Management has acknowledged they have reviewed this application with the applicants:**

_____ Signature	_____ Printed Name	_____ Date
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Number of Total Applications for household \_\_\_\_\_ of \_\_\_\_\_



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 departments 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 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), (8).



# CHANGE IN INCOME CERTIFICATION

TO: \_\_\_\_\_  
\_\_\_\_\_  
TEL. #: \_\_\_\_\_

DATE: \_\_\_\_\_ APT. #: \_\_\_\_\_  
DEVELOPMENT NAME: \_\_\_\_\_  
APPLICANT/RESIDENT: \_\_\_\_\_

FROM: \_\_\_\_\_  
TEL. #: \_\_\_\_\_

FAX #: \_\_\_\_\_

You are in the process of, or have been, approved for an apartment which operates in accordance with the requirements of the low-income housing credit program under Section 42 of the Internal Revenue code of 1986. This means that at this time, your income has been verified to be within the eligible income guidelines.

If there are changes to your assets, income, student status, or household composition, it is the applicants/residents responsibility to report the changes to management immediately. These changes to your household status may affect your eligibility.

By signing below you agree to notify management immediately of any changes.

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

\_\_\_\_\_  
Date



# RESIDENT RELEASE AND CONSENT

TO: \_\_\_\_\_  
\_\_\_\_\_  
TEL. #: \_\_\_\_\_

DATE: \_\_\_\_\_ APT. #: \_\_\_\_\_  
DEVELOPMENT NAME: \_\_\_\_\_  
APPLICANT/RESIDENT: \_\_\_\_\_

FROM: The Village on Water, LLC vgonwater@commonwealthco.net  
TEL. #: 920.370.0600

FAX #: 715.330.5206

I/We, the undersigned, hereby authorize all persons or companies in the categories listed below to release without liability, information regarding employment, income, and/or assets to The Village on Water, LLC for the purposes of verifying information and my/our apartment rental application

## INFORMATION COVERED

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identity; student status, employment, income, assets; medical or childcare allowances. I/We understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my eligibility for and continued participation as a Qualified Tenant.

## GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information include, but are not limited to:

- |  |                                  |  |
|--|----------------------------------|--|
| Past and Present Employers                                     | Welfare Agencies                 | Veterans Administration                |
| Past and Present Landlords (including Public Housing Agencies) | State Unemployment Agencies      | Retirement Systems                     |
| Support and Alimony Providers                                  | Social Security Administration   | Banks and other Financial Institutions |
| Credit and Background Check Agencies                           | Medical and Child Care Providers | Educational Institutions               |

## CONDITIONS

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and will stay in effect for a year and one month from the date signed. I/We understand I/We have a right to review this file and correct any information that is incorrect.

## APPLICANT/RESIDENT SIGNATURE

\_\_\_\_\_  
Applicant/Resident Print Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF TAX FORM" MUST BE PREPARED AND SIGNED SEPERATELY



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# STUDENT STATUS AFFIDAVIT

Please complete one form per household

Head of Household: \_\_\_\_\_

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

Property: \_\_\_\_\_

Unit number: \_\_\_\_\_

**All Adults must read:** A full-time student is any individual who is currently enrolled in any educational institution on a full-time basis, expects to be enrolled during the balance of the current tax year (JANUARY to DECEMBER), or has been enrolled on a full-time basis for 5 months (need not be consecutive) out of the current calendar year.

## Section One: Household Members and Status

Please list <b>all</b> household members <b>regardless of age</b> . Indicate student status.				Student Status			Graduated during current calendar year?		If yes, when:
#	Name	Age	Full-Time	Part- Time	Financial Aid	Yes	No		
1			Yes No	Yes No	Yes No	Yes	No		
2			Yes No	Yes No	Yes No	Yes	No		
3			Yes No	Yes No	Yes No	Yes	No		
4			Yes No	Yes No	Yes No	Yes	No		
5			Yes No	Yes No	Yes No	Yes	No		
6			Yes No	Yes No	Yes No	Yes	No		
7			Yes No	Yes No	Yes No	Yes	No		
8			Yes No	Yes No	Yes No	Yes	No		
Are all residents of the household full time students?			Yes	No					

## Section Two: Exceptions

When <b>ALL</b> household members are students, the household must meet one of the following exceptions to qualify for the LIHTC or Bond Program:	
Yes No	At least one member of the household is currently enrolled in the Workforce Investment Act (WIA), a job training program that receives assistance under the WIA or is funded by a State or Local public agency. <b>Please provide a verification of enrollment &amp; mission statement of the program.</b>
Yes No	The head of household is a single parent of the above listed children and the above listed parent is not the dependent of another individual for tax purposes, and the children are not claimed as a dependant by someone other than a parent. <b>Please provide a signed copy of most recent tax return.</b>
Yes No	The members of the household are married and are entitled to file a joint federal tax return. <b>Please provide a signed copy of most recent tax return or marriage license.</b>
Yes No	At least one household member was previously under the care and placement responsibility of the State agency responsible for administering a plan under Part B or Part E of Title IV of the Social Security Act (Foster Care). <b>Please provide court documents, state agency documentation or Social Security verification.</b>
Yes No	At least one member of the household receives cash assistance under title IV or the Social Security Act (i.e. payments under AFDC or TANF) <b>Please provide a third-party verification of AFDC/TANF award.</b>

## Section Three: Financial Aid Exceptions

Yes No	Are you a single parent over the age of 23, with a dependent child?
Yes No	Are you married, over the age of 23, with a dependent child?
Yes No	Do you reside with your parents that are receiving Section 8 Assistance?

## Section Four: Signatures

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

