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| --- |
| Somerset_purple-blue_trans |
| Professional Property Managers |
| 4110 Eaton Avenue, Suite C, Caldwell, ID 83607 |

**APPLICATION & RESIDENT SELECTION INFORMATION**

*Note to applicant: This page is for you to retain in reference to our resident selection criteria.*

**Completed applications should be returned to:**

*La Habra Apartments*

*656 Hwy 80*

*Benson, AZ 85602*

*Phone:* *520-586-4210 Fax:* *520-586-6153*

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| --- |
| An Application must be filled out for *each* adult (18 and older). **(Except in Wyoming)** |
| The application **must be signed** and the following **must be included** for the application to be accepted:   * $20 Application Fee –**Money Order ONLY** (Application fee is per adult or married couple) * Copies of picture identification on all occupants over the age of 18. * Copies of Social Security card for all occupants. |
| Once received, the application will be dated and reviewed for completeness. A pre-eligibility determination will be made based upon the information contained in the application. |
| Eligibility will be determined based upon the following factors:   * The applicant(s) meet the income criteria. * References (i.e. employer, current & former landlords) will be contacted to verify employment, length of time on the job and verify rental payment history. * A Credit & Criminal background check will be obtained and reviewed. |
| Applicant(s) will be notified in writing within ten (10) days of receipt of the application as to the acceptance or denial of this application. If no unit is available at the time of acceptance, applicant’s name will be placed on the waiting list.  Somerset Pacific is committed to the non-discrimination provision in the Fair Housing Act and Section 504 of the Americans with Disabilities Act. If you require assistance in the form of readers, interpreters, large print or any other way to enable you to fully participate in our housing program, please let us know and we will assist you to the fullest extent feasible. |

USDA is an equal opportunity provider, employer and lender.

To file a complaint of discrimination write USDA, Director, Office of Civil Rights,

1400 Independence Ave., S.W., Washington D.C. 20250-9410

**handicapped** Or call (800)795-3272(voice) or (202)720-6382 (TDD) ****

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| --- |
| **APPLICATION FOR HOUSING at** *La Habra Apartments* |

****

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| --- | --- | --- | --- | --- | --- | --- |
| ***OFFICE USE ONLY*** | | | | | | |
| **Please Return Application to:** | **Date**  **Rec’d** |  | **Annual Income** |  | **# Occupants** |  |
| **Time**  **Rec’d** |  | **Set Aside %** |  | **App. Fee Paid** |  |
| **Manager Signature:** | | | | **Background CK ran** |  |

|  |  |  |
| --- | --- | --- |
| **NOTE TO APPLICANT:** In order for us to determine your eligibility or continued eligibility, you must provide ***all*** information included in this questionnaire. This information is considered confidential and will only be used as necessary in determining your eligibility for the Section 42 LIHTC program / RD program.  ***Providing false information may result in loss of your housing.*** | | |
| Applicant Name: | | Home Telephone Number:  ( ) |
| Mailing Address: | Apartment Number: | City, State, Zip Code: |
| Email Address: | Apartment size requested: | |
|  | |

# HOUSEHOLD COMPOSITION

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| List yourself and anyone who will live with you within the next 12 months. Be sure to include members temporarily away from home, including but not limited to: dependents away at school, military persons stationed away from home that have a spouse or dependent in the home. **Please list household members starting with Head of household on line 1, then in order of oldest to youngest.** | | | | | | | | | | |
| Last Name, First Name | | Relation-ship to Head of Household | | Birth Date | Age | Social Security Number | **VOLUNTARY HUD TENANT DATA COLLECTION\*** | | | |
| Race | M/F | Ethnicity | Disabled |
|  |  | Head | |  |  |  |  |  |  |  |
|  |  |  | |  |  |  |  |  |  |  |
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| **VOLUNTARY HUD TENANT DATA COLLECTION** | | | | | | | | | | |
| **Race** | | | **Gender** | | | **Ethnicity** | | | **Disability** | |
| 1 = American Indian or Alaska Native | | | M = Male | | | Hispanic or Latino = 1 | | | Y = Yes | |
| 2 = Asian | | | F = Female | | | Not Hispanic or Latino = 2 | | | N = No | |
| 3 = Black or African American | | | \*General Instructions: This section is to be completed by applicants and residents in housing assisted by the Department of Housing and Urban Development. Owner and agents are required to offer the applicant/resident the option to complete this section. There is no penalty for persons who do not wish to complete this form. However, the owner or agent will place a note in the tenant file stating the applicant//resident refused to complete the form. Parents or guardians are to complete the form for children under the age of 18. The Office of Housing has been given permission to use this section for gathering race and ethnic data in assisted housing programs. | | | | | | | |
| 4 = Native Hawaiian or Other Pacific Islander | | |
| 5 = White | | |
| 6 = Other | | |
| 7 = N/A or do not wish to answer | | |

# INCOME INFORMATION

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| The questions regarding household income apply to all members of your household, including minors and those temporarily absent from the home. Please read each question carefully, answer each question completely and be prepared to verify items checked yes. | | | | | | | |
|  | **Does anyone in the household receive the following:** | **Yes** | **No** | **If yes, who receives the income?** | **What is the gross monthly amount?** | **Employer**  **Agency**  **Contact Person** | **Phone / Fax** |
|  | Wages through employment | ❑ | ❑ |  |  |  |  |
| Wages through employment | ❑ | ❑ |  |  |  |  |
| ❑ Check here for additional employment | | |  |  |  |  |
|  | Unemployment Benefits | ❑ | ❑ |  |  |  |  |
|  | Self Employment Income | ❑ | ❑ |  |  |  |  |
|  | Military Pay | ❑ | ❑ |  |  |  |  |
|  | Workman’s Compensation | ❑ | ❑ |  |  |  |  |
|  | Severance Pay | ❑ | ❑ |  |  |  |  |
|  | Retirement Income | ❑ | ❑ |  |  |  |  |
|  | Pension Income | ❑ | ❑ |  |  |  |  |
|  | Social Security | ❑ | ❑ |  |  |  |  |
|  | Supplemental Security Income (SSI) | ❑ | ❑ |  |  |  |  |
|  | Veteran Affairs Benefits (VA) | ❑ | ❑ |  |  |  |  |
|  | Public Assistance (AFDC/TANF) | ❑ | ❑ |  |  |  |  |
|  | Child Support | ❑ | ❑ |  |  |  |  |
|  | Alimony | ❑ | ❑ |  |  |  |  |
|  | Family Support/Recurring Gift | ❑ | ❑ |  |  |  |  |
|  | Annuities | ❑ | ❑ |  |  |  |  |
|  | Insurance Policy Income | ❑ | ❑ |  |  |  |  |
|  | Disability or Death benefits (*other than SSI*) | ❑ | ❑ |  |  |  |  |
|  | Per Capita | ❑ | ❑ |  |  |  |  |
|  | Permanent Fund Dividend (PFD) | ❑ | ❑ |  |  |  |  |
|  | Income from Rental Property | ❑ | ❑ |  |  |  |  |
|  | Other Sources of Income | ❑ | ❑ |  |  |  |  |
|  | | | | | |  | |
|  | 1. Does anyone expect any changes in **income** within the next 12 months? | ❑ | ❑ | 1. *If yes*, what changes are expected? | | | |
|  | 1. Does any adult member have zero income? | ❑ | ❑ | 1. If yes, which member(s)? | | | |
|  | 1. *Previous* Employment: Please list any past jobs held in the last 12 months. 2. If none, check here ❑. | 1. Please list the adult(s): 2. Place of Employment: 3. Gross monthly income: 4. Dates Employed: | | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| ASSET INFORMATION | | | | | | | |
| **Please read each question carefully, answer each question completely and be prepared to verify items checked yes. The questions regarding household accounts / assets apply to all members of your household, including minors and those temporarily absent from the home.** | | | | | | | |
|  | **Does anyone in the household have any of the following:** | **Yes** | **No** | **If yes, who owns the asset?** | **If yes, what is the current cash value?** | **Account Number** | **Bank Name and contact information** |
|  | Checking (6 month balance) | ❑ | ❑ |  |  |  |  |
|  | Savings | ❑ | ❑ |  |  |  |  |
|  | Re-loadable income card | ❑ | ❑ |  |  |  |  |
|  | Cash on hand | ❑ | ❑ |  |  |  |  |
|  | Certificates of Deposit (CD) | ❑ | ❑ |  |  |  |  |
|  | Money Market Funds | ❑ | ❑ |  |  |  |  |
|  | Stocks/Bonds | ❑ | ❑ |  |  |  |  |
|  | Treasury Bills | ❑ | ❑ |  |  |  |  |
|  | IRA/Keogh Accounts | ❑ | ❑ |  |  |  |  |
|  | Company Retirement Accounts | ❑ | ❑ |  |  |  |  |
|  | Pension Funds | ❑ | ❑ |  |  |  |  |
|  | Trust Accounts | ❑ | ❑ |  |  |  |  |
|  | Cash held in a safety deposit box, etc. | ❑ | ❑ |  |  |  |  |
|  | House/Real Property | ❑ | ❑ |  |  |  |  |
|  | Rental Property | ❑ | ❑ |  |  |  |  |
|  | Life Insurance | ❑ | ❑ |  | ❑ Term ❑ Whole If whole life, value:\_\_\_\_\_\_\_ | | |
|  | Other investments | ❑ | ❑ |  |  |  |  |
|  | Has anyone in the household disposed of any assets in the last two years | ❑ | ❑ | Explain: |  |  |  |
|  | Inheritance | ❑ | ❑ |  |  |  |  |
|  | Lottery Winnings | ❑ | ❑ |  |  |  |  |
|  | Insurance Settlements | ❑ | ❑ |  |  |  |  |
|  | Workman’s Compensation Settlement | ❑ | ❑ |  |  |  |  |
|  | Social Security Settlement | ❑ | ❑ |  |  |  |  |
|  | Unemployment Compensation Settlement | ❑ | ❑ |  |  |  |  |
|  | VA Disability Settlement | ❑ | ❑ |  |  |  |  |
|  | Severance Pay | ❑ | ❑ |  |  |  |  |
|  | Capital Gains | ❑ | ❑ |  |  |  |  |
|  | Other | ❑ | ❑ |  |  |  |  |

# ADDITIONAL INFORMATION

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Yes** | **No** |
|  | **Do you anticipate any changes in the size of your household *within the next 12 months*?** | ❑ | ❑ |
|  | **Will anyone under age 18 listed on this application live in the unit *less than* 50% of the time in the next 12 months? If so, who?** | ❑ | ❑ |
|  | **Does any member in your household have a disability and require a live-in care attendant?** | ❑ | ❑ |
|  | **Is any adult member of your household separated, but not divorced?** | ❑ | ❑ |
|  | **Will your household be receiving Section 8 rental assistance at the time of move in?** | ❑ | ❑ |
|  | **Will your household be eligible/are you applying to receive section 8 assistance in the next 12 months?** | ❑ | ❑ |
|  | **a. Have you or any member of the household ever been arrested? If yes, who?** | ❑ | ❑ |
| **a.** | **b. Did the arrest result in a conviction? If yes, was the conviction a** ❑ **Misdemeanor** ❑ **Felony** | N/A | N/A |
|  | **Have you or any member of the household ever been evicted from any housing?** | ❑ | ❑ |
|  | **Have you ever filed for bankruptcy?** | ❑ | ❑ |
|  | **Is there any reason you would not be able to take an apartment when one is available?** | ❑ | ❑ |
|  | **After moving in, will you have any *other* primary places of residence?** | ❑ | ❑ |
|  | **Do you own your own home?** | ❑ | ❑ |
|  | **Are you in the process of selling a home?** | ❑ | ❑ |

# HOUSING INFORMATION

|  |  |  |  |
| --- | --- | --- | --- |
| **Current Landlord** |  | **Prior Landlord** |  |
| Name: |  | Name: |  |
| Address: |  | Address: |  |
| Phone: |  |
| Phone: |  | How long? |  |
| How long? |  | **How did you hear about us?** | |
| **In Case of Emergency, Notify** | | □ online advertising | |
| □ referral | |
| Name: |  | □ drive-by/signage | |
| Address: |  | □ newspaper | |
| Phone: |  | □ flyer | |
| Relationship: |  | □ other:\_\_\_\_\_\_\_\_\_\_\_ | |

I/We certify that if selected to move into this project, the unit occupied will be my/our only residence. I/We understand that the above information is being collected to determine eligibility for income restricted income units. Federal regulations require that in order for a household to be eligible for this type of housing, the income of the household, as well as their assets must not exceed certain established limits. I/We authorize the Agent to verify all information provided on this application and to contact previous or current landlords or other sources for credit and verification information which may be released to appropriate federal, state or local agencies. **I/we certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/we understand that false statements or information are punishable under federal law.** I/We understand I/We must pay a security deposit for this apartment prior to occupancy.

**ALL ADULTS LISTED ON THIS APPLICATION MUST SIGN AND DATE BELOW:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| (Signature of Applicant/Resident) |  | (Printed Name of Applicant/Resident) |  | (Date) |
| (Signature of Co-Applicant/Resident) |  | (Printed Name of Co-Applicant/Resident) |  | (Date) |

# STUDENT STATUS FORM

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *(****Each adult household member must sign the student status form****)* | | | | | | | | | | |
| A **full time student** is any individual who is currently enrolled in an educational institution (elementary school or higher) on a full-time basis, expects to be enrolled within the next 12 months, or has been enrolled on a full-time basis for at least 5 months (consecutive or not) out of the current calendar year.    **List everyone living in the apartment as listed on page 1 of this application.** | | | | | | | | | | |
|  | | | | | | | | | | |
| Household Member | | | Name | **Not** a Student | Student | | Expects to become a  student within 12 months | If part or full time, school attending: | | | |
| Part Time | Full-Time |
|  | | Head |  | 🞏 | 🞏 | 🞏 | 🞏 |  | | | |
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|  | |  |  | 🞏 | 🞏 | 🞏 | 🞏 |  | | | |
| 1. **If the household contains ALL FULL TIME students, please complete 1-5 below.** *Otherwise, skip B) and sign the bottom of this form.* | | | | | | | | | | | |
| Check all the student exceptions that are applicable to your household (proof of the exception MUST be provided):\* | | | | | | | | | Yes | No | | |
|  | Are the students married and entitled to file a joint tax return? *(attach marriage certificate or tax return)* | | | | | | | | 🞏 | 🞏 | | |
|  | 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 a parent? *(attach student’s most recent tax return or a certification of dependent children)* | | | | | | | | 🞏 | 🞏 | | |
|  | Is at least one student receiving assistance under title IV of the Social Security Act such as TANF (Temporary Assistance to Needy Families) or AFDC? (Aid to Families with Dependent Children) | | | | | | | | 🞏 | 🞏 | | |
|  | Is at least one student enrolled in a job training program receiving assistance under the Job Training Partnership Act or under other similar Federal, State, or local laws? *(Attach verification of participation)* | | | | | | | | 🞏 | 🞏 | | |
|  | Does the household consist of at least one student who was previously under foster care? | | | | | | | | 🞏 | 🞏 | | |
| Full time student households that are income eligible and satisfy one or more of the above conditions are considered eligible. If questions 1-5 are marked NO, or verification does not support the exception indicated, the household is considered an ineligible student household. | | | | | | | | | | | | |
|  | | | | | | | | | | | | |

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. False, misleading or incomplete information may result in the termination of the lease agreement and may be subject to criminal penalties.** **I also understand that I am to immediately report any changes in my student status to the management.** I understand that changes in my student status may affect my eligibility to participate in this program.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| (Signature of Applicant/Resident) |  | (Printed Name of Applicant/Resident) |  | (Date) |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| (Signature of Applicant/Resident) |  | (Printed Name of Applicant/Resident) |  | (Date) |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| (Signature of Applicant/Resident) |  | (Printed Name of Applicant/Resident) |  | (Date) |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| (Signature of Applicant/Resident) |  | (Printed Name of Applicant/Resident) |  | (Date) |

****

# AUTHORIZATION FOR RELEASE OF INFORMATION

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Property Name:** | *La Habra Apartments* | | **Phone:** | *520-586-4210* |
| **Applicant/ Resident:** |  | **Applicant/ Resident:** | |  |

Please see the attached verification form. The referenced individual is applying/recertifying for residency at a community that is regulated by the LIHTC, HOME, or RD programs, which require that we obtain written confirmation of the projected annual gross earnings for the next twelve (12) months of all applicants / residents.

To comply with this regulation, we ask that you complete and return the attached verification via fax or mail at the shown number or address on the attached form. The information will be used solely for the determination of residency eligibility under the applicable program(s). We appreciate your timely response in completing this verification. If you have any questions regarding the needed information, please do not hesitate to telephone our leasing office at the number given above.

# THIS SECTION TO BE COMPLETED BY APPLICANT / RESIDENT

I/We hereby authorize all persons or companies in the categories listed below to release without liability, information regarding employment, income, and/or assets to said property above for purposes of verifying information on my/our housing rental application.

TERMS AND CONDITIONS

I/We understand that current or previous information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identity, employment, income, assets, student status, medical or child care allowances, and utility information. 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 residency participation as a Qualified Resident.

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

* Credit Bureaus
* Past and Present Employers
* State Unemployment Agencies
* Current and Previous Landlords
* Public Housing Agencies
* Support and Alimony Providers
* Welfare Agencies
* Educational Institutions
* Social Security Administration
* Child Care Providers
* Veterans Administration
* Retirement Systems
* Banks and Financial Institutions
* Utility Provider
* Departments of Health
* Medicaid/Medicare Offices
* Division of Healthcare Financing
* Public Assistance Agencies

**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 until revoked in writing and submitted to said property above.**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***Applicant/Resident Signature*** |  | ***Date*** |  |  |  | ***Social Security Number*** |  |  |
|  |  |  |  |  |  |  |  |  |
| ***Applicant/Resident Signature*** |  | ***Date*** |  |  |  | ***Social Security Number*** |  |

**“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 disclosure or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than $5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the \*\*Social Security Act at 208 (a)(6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a)(6), (7) and (8).\*\***



# UNDER $5000 ASSET CERTIFICATION

**For households whose combined net assets are under $5,000. Complete only one form per household; include assets of children.**

|  |  |
| --- | --- |
| **Household Name:** | **Property Name :** *La Habra Apartments* |

*Complete 1 & 2 below completely. Only check the box on #3 if the entire household has* ***no*** *assets.*

*Certain funds (e.g. Retirement, Pension, Trust) may or may not be (fully) accessible. Include only those amounts which* ***are*** *accessible.*

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. | My/our assets include: |  |  | |  | | |  | |  | |
|  | Source of Asset | | | **NO** | | **YES** | **If YES,**  **Cash Value\* (A)** | | **Interest Rate (B)** | | **Annual Income (A x B)** | |
|  | **Checking Account**  **[six (6) month average]** | | |  | |  | **$** | | % | | **$** | |
|  | **Savings Account** | | |  | |  | **$** | | % | | **$** | |
|  | **Re-loadable income card** | | |  | |  | **$** | | % | | **$** | |
|  | **Cash on Hand** | | |  | |  | **$** | | blank | | blank | |
|  | **Safety Deposit Box** | | |  | |  | **$** | | % | | **$** | |
|  | **Certificate of Deposit** | | |  | |  | **$** | | % | | **$** | |
|  | **Money Market Funds** | | |  | |  | **$** | | % | | **$** | |
|  | **Stocks** | | |  | |  | **$** | | % | | **$** | |
|  | **Bonds** | | |  | |  | **$** | | % | | **$** | |
|  | **IRA Accounts** | | |  | |  | **$** | | % | | **$** | |
|  | **401K Accounts** | | |  | |  | **$** | | % | | **$** | |
|  | **Keogh Accounts** | | |  | |  | **$** | | % | | **$** | |
|  | **Trust Funds** | | |  | |  | **$** | | % | | **$** | |
|  | **Equity in Real Estate / Land Contracts** | | |  | |  | **$** | | % | | **$** | |
|  | **Lump Sum Receipts** | | |  | |  | **$** | | % | | **$** | |
|  | **Capital Investment** | | |  | |  | **$** | | % | | **$** | |
|  | **Life Insurance Policies (excluding term)** | | |  | |  | **$** | | % | | **$** | |
|  | **Other Retirement/Pension Funds not named above:** | | |  | |  | **$** | | % | | **$** | |
|  | **Personal Property held as an investment\*\*:** | | |  | |  | **$** | | % | | **$** | |
|  | **Other (list):** | | |  | |  | **$** | | % | | **$** | |
|  | **TOTAL GROSS ANNUAL INCOME** | | | blank | | blank | blank | | blank | | **$** | |

\*Cash value is defined as market value minus the cost of converting the asset to cash, such as broker’s fees, settlement costs, outstanding loans, early

withdrawal penalties, etc.

\*\*Personal property held as an investment may include, but is not limited to, gem or coin collections, art, antique cars, etc. Do not include necessary personal

property such as, but not necessarily limited to, household furniture, daily-use autos, clothing, assets of an active business, or special equipment for use by the disabled.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 2. | **❑Yes** | **❑ No** | Within the past two (2) years, I/we have sold or given away assets (including cash, real estate, etc.) for more than $1,000 below their fair market value (FMV). Those amounts (the difference between FMV and the amount received, for each asset on which this occurred) are included above and are equal to a total of $\_\_\_\_\_\_\_\_\_ | |
| 3. | I/we do **not** have **any assets** at this time. *(Only check this box if* ***no value*** *in the Cash Value Column for #1)* | | | **❑** |

**The net family assets (as defined in 24 CFR 813.102) above do not exceed $5,000 and the annual income from these assets as determined above is included in the total gross annual income.**

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

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

Applicant/Resident Date Applicant/Resident Date

**DIVESTITURE OF ASSETS VERIFICATION**

I/We hereby certify that I/we **have**   **have not** sold or disposed of any assets for less than Fair Market Value during the two year (24 month) period preceding the effective date of my/our certification or recertification. Any assets sold or disposed of for less than Fair Market Value are identified below.

1. I have disposed of more than $1,000 in assets for less than Fair Market Value within the two-year period preceding the effective date of my certification or recertification. The asset(s) I/we disposed of was:
   1. Date of Disposal:
   2. Date of Disposal:
   3. Date of Disposal:
2. The **Cash Value\*** of the asset(s) I/we disposed of was:

1.

2.

3.

**\*Cash Value** is the market value of the asset minus reasonable costs incurred in selling or converting the asset to cash. Such reasonable costs include:

* 1. penalties for withdrawing funds before maturity;
  2. broker/legal fees for the sale or conversion of assets; and
  3. settlement costs for real estate transactions.

1. The amount(s) received for the asset(s) I/we disposed of was:

1.

2.

3.

1. The amount to be listed on the tenant income certification (as an asset) is the **difference**\* between the cash value and the amount received.

$ $ $

Cash Value - $ Received = \* **Difference**

**\*Difference** – if this is less than $1,000, do NOT count it. If the difference is more than $1,000, include the entire amount of the difference as an asset on the tenant income certification.

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

Signature of Applicant / Tenant Date

Signature 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.**