



Dear Prospective Resident,

Thank you for your interest in The Courts of Camp Springs. In order to ensure accurate processing of your application, you will need to submit the following items:

SUBMIT *WITH* RENTAL APPLICATION:

- ☐ A valid photo ID, for all members over the age of 18
- ☐ Social Security Card, Birth Certificate or Passport, for all members in the household
- ☐ Proof of income
 - ☐ Six consecutive pay stubs from employer
 - ☐ If you are self-employed: copy of the most recent tax return (Federal & State).
 - ☐ If you collect benefits: Benefits letter dated within the last 120 days for Disability, Social Security, Child Support, Alimony, Unemployment, Workers Compensation, Retirement, Financial Aid or Public Assistance

SUBMIT *AFTER* INITIAL SCREENING APPROVAL:

- ☐ Two most current bank statements
- ☐ Three personal telephone references from others not related to you
- ☐ If divorced, provide a divorce decree
- ☐ If applicable, documentation for any real estate owned or sold within the last 12 months
- ☐ If applicable, Notarized Recurring Gift Verification (for any money given to you monthly by anyone not in your household)

These items are important to the application process and must be provided in order for your application to be properly processed. All income and assets are calculated to ensure you're qualified to receive the benefit of Affordable Housing. If you have questions, or need assistance with completing your application please feel free to speak to your Leasing Consultant. Please be sure to answer ALL questions on the application. If it does not apply to you please write N/A in the space.

Refusal or delay in returning the above items will result in cancellation of your application.

Thank you for choosing The Courts of Camp Springs as your new home! We look forward to having you as our resident!

HOUSING AND ECONOMIC RECOVERY ACT (HERA) OF 2008

LIHTC Tenant Data Collection Form

OMB Approval No. 2528-4165 (Exp.:

For Office Use Only										
<input type="checkbox"/> Initial Certification <input type="checkbox"/> Other										Effective Date: _____ Move-in Date: _____ (MM-DD-YYYY)
PART I - DEVELOPMENT DATA										
Property Name:		County:		BIN #:						
Address:		Unit Number:		Bedrooms:						
PART II. HOUSEHOLD COMPOSITION										
Applicant Please Fill Out Below										
HH Mbr#	Last Name	First Name'	Middle Initial	Relationship to Head of Household	Race	Ethnicity? Hispanic/ Non-Hisp	Disabled? (Y or N)	Date of Birth (mm/dd/yyyy)	FTT Student (Y or N)	Last 4 Digits of Social Security No.
1										
2										
3										
4										
5										
6										
7										

In July, 2008, Congress passed the Housing and Economic Recovery Act (HERA). This directed the state housing finance agencies (HFAs) to collect and submit to the U.S. Department of Housing and Urban Development (HUD) certain demographic and economic information on tenants residing in Affordable Housing Tax Credit financed properties.

As a result of this regulation each applicant/resident must complete the above required information. This information will solely be used for data submission to HUD.

THE COURTS OF CAMP SPRINGS

5327 Carswell Ave.
Suiteland, MD 20746

Managed By: HallKeen Management, Inc.

Phone: (301)899-8800

Fax: (301)423-5228

RENTAL APPLICATION

Date Received _____ Time Received _____
Address _____ Unit _____ Bedrooms _____
Move-in Date _____ Monthly Rent _____ Rental Agent _____

Applicant and Family

List all household members who will live in the apartment. Be sure to include any temporarily absent family members (such as military/student family members who will be returning to the household) and any unborn children.

Number of foster children or adults, if any.*	
Will a live-in attendant be a household member?* (YIN)	
*Do not include in chart below,	
Will any adult household members be moving in during the next 12 months? (YIN)	

	Full Name (Last, First, MI)	Relationship	Date of Birth (mm/dd/yyyy)	Social Security Number
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

IMPORTANT: EACH ADULT APPLICANT MUST COMPLETE A SEPARATE APPLICATION FORM STARTING ON PAGE 2,

EACH MINOR APPLICANT MUST COMPLETE A CHILD ASSET VERIFICATION ATTACHMENT FORM STARTING ON PAGE 6



**THE COURTS OF CAMP SPRINGS
RENTAL APPLICATION**

APPLICANT: _____ SSN: _____

Daytime phone _____ Evening phone _____

STUDENT STATUS	YES	NO
Is this applicant currently a student?		
Or, will this applicant become a student in the next twelve (12) months?		
Or, has this applicant been a student during the current calendar year?		

MARITAL STATUS (Please check one.)				
Single	Married	Divorced	Separated	Widowed
Other (Please explain): _____				

INCOME									
<i>Please indicate each source of income that you receive or anticipate receiving in the next twelve (12) months as specified below:</i>									
DESCRIPTION	FORM #	YES	NO	CHECK THE NUMBER OF INCOME SOURCES.					
Employment				1	2	3	4	5	6
Employment (If less than (6) months at current job.)				1	2	3	4	5	6
Severance Pay				1	2	3	4	5	6
Unemployment				1	2	3	4	5	6
Non-Employment				1	2	3	4	5	6
Workers Compensation				1	2	3	4	5	6
Disability				1	2	3	4	5	6
Social Security				1	2	3	4	5	6
SSI				1	2	3	4	5	6
VA Benefits				1	2	3	4	5	6
Military Benefits				1	2	3	4	5	6
Pension 1 Annuities				1	2	3	4	5	6
Child Support / Alimony / Family Maintenance				1	2	3	4	5	6
Non-Receipt of Child Support / Alimony I Family Maintenance				1	2	3	4	5	6
Public Assistance 1 TANF				1	2	3	4	5	6
Trust Account				1	2	3	4	5	6
Net Business Income 1 Self-Employment Income				1	2	3	4	5	6
Net Rental Income				1	2	3	4	5	6
Recurring Gifts / Contributions				1	2	3	4	5	6
Lottery Payments (Periodic)				1	2	3	4	5	6
Adoption Assistance Payments				1	2	3	4	5	6
Income from Temporarily Absent Family Members				1	2	3	4	5	6
Income from Persons Permanently Confined to a hospital or nursing home				1	2	3	4	5	6



**THE COURTS OF CAMP SPRINGS
RENTAL APPLICATION**

APPLICANT:

SSN:

ASSETS							
<i>Do you have any of the following types of assets or do you expect to establish any in the next twelve (12) months?</i>							
DESCRIPTION	FORM #	YES	NO	CHECK THE NUMBER OF ASSET SOURCES.			
Checking Account				1	2	3	
Savings Account				1	2	3	
Cash Kept at Home				1	2	3	
Safety Deposit Box				1	2	3	
CD 1 Money Market Accounts				1	2	3	
Stocks I Bonds				1	2	3	
Trust Account				1	2	3	
Treasury Bills				1	2	3	
IRA				1	2	3	
Keogh				1	2	3	
401k				1	2	3	
Pension I Annuities				1	2	3	
Whole Life I Universal Life insurance				1	2	3	
Land Contract 1 Purchase Money Mortgage				1	2	3	
Real Estate Property and Mortgage Assets				1	2	3	
Lottery Winnings (Lump Sum)				1	2	3	
Personal Property Held as an Investment (Such as Gems, Jewelry, Antique Cars, Stamp Collections, Etc.)				1	2	3	
Have You Sold Any Assets in the Past Two (2) Years for More Than \$1,000.00 Less Than Fair Market Value?				1	2	3	
Do You Expect to Receive Any Insurance Claim Settlements, Inheritance, Lottery Winnings, or Capital Gains in the Next Twelve (12) Months?				1	2	3	
Are total household assets at or below \$5,000?				1	2	3	



THE COURTS OF CAMP SPRINGS
RENTAL APPLICATION

APPLICANT: _____ SSN: _____

RESIDENCE HISTORY

A minimum of three (3) years of housing history is required

Current Address

Street _____ Rent or own? _____
City _____ Month/Year moved in _____
State _____ Monthly Rent/Mortgage _____
Zip _____
Reason for leaving _____

Landlord Name and Address: Phone: _____

Previous Address (if within the last 3 years)

Street _____ Rent or own? _____
City _____ Month/Year moved in _____
State _____ Monthly Rent/Mortgage _____
Zip _____ Monthly Rent/Mortgage _____
Reason for leaving _____

Landlord Name and Address:

Phone: _____

OTHER INFORMATION

Driver's license # _____
Year _____
Make _____
Model _____
Color _____

- Have you or any member of your household ever filed for bankruptcy? (Y/N)
If yes, when? _____
- Have you or any member of your household ever been evicted from your home for any reason?
If yes, please explain: _____
- Have you ever willfully or intentionally refused to pay rent when due?
If yes, please explain: _____



**THE COURTS OF CAMP SPRINGS
RENTAL APPLICATION**

APPLICANT: _____ **SSN:** _____

Are you currently receiving Rent Assistance? (Y/N) _____

Certificate or Voucher _____ **Source (city/state/fed)** _____

Has your Rent Assistance ever been terminated? (Y/N) _____
if yes, please explain _____

Will this unit be your only place of residence? (Y/N)
If no, please explain _____

Will a business be run out of your home? (Y/N)
If yes, please explain _____

Do you have any pets? (Y/N) _____ If yes, what kind? _____

Have you or any member of your household ever been arrested or convicted of any crime? If so, please give details: _____

Are you or any member of your household subject to a lifetime sex offender registration requirement in any state? _____

List the closest relative not living with you, who we may contact in case of emergency.,

Name _____ **Relationship** _____

Phone number _____

I hereby apply to lease the above described premises for the term of and upon the conditions set forth above. I understand and agree that inquiries may include information related to credit, employment, rental, and criminal records. I further agree that verification of all information and references, including all sources of income and assets, may be conducted and I release all parties for any liability for disclosing factual information obtained by the landlord.

I warrant that all statements set forth above are true and correct to the best of my knowledge. I understand that deliberately submitting false information or withholding information constitutes fraud for which federal law specifies fines up to \$10,000 and prison terms of up to five years. Should any statements made above in any way misrepresent or be an untrue statement of facts, the entire deposit will be retained by the landlord to offset the agent's cost, time and effort in processing my application.

I understand that this form is an application for residence only and that submission of this application in no way reserves or guarantees an apartment. I deposit \$ _____ as earnest money and \$ _____ as a nonrefundable application processing fee. When this application is approved, I agree to execute a lease and to pay any security deposit, rent and additional fees prior to taking possession of the apartment.

If, once approved, I do not take possession of the apartment, I understand that any earnest money paid will be forfeited as liquidated damages to offset the agent's cost, time, and effort in processing my application.

If this application is not approved, I understand that any earnest money deposit and/or any refundable application processing fee will be refunded to me and I waive any claim for additional damages by reason of non-acceptance.

Applicant Signature

Date



**THE COURTS OF CAMP SPRINGS
RENTAL APPLICATION**

APPLICANT: _____ SSN: _____

MINOR'S NAME: _____ DOB: _____

CHILD ASSET VERIFICATION ATTACHMENT

Per Section 42 guidelines, assets must be verified for all children under the age of 18.
A separate form must be completed for each person under the age of 18 in the household.

ASSETS								
<i>Do you have any of the following types of assets or do you expect to establish any in the next twelve (12) months?</i>								
DESCRIPTION	FORM #	YES	NO	CHECK THE NUMBER OF ASSET SOURCES.				
				1	2	3	4	5
Checking Account				1	2	3	4	5
Savings Account				1	2	3	4	5
Cash Kept at Home				1	2	3	4	5
Safety Deposit Box				1	2	3	4	5
CD 1 Money Market Accounts				1	2	3	4	5
Stocks I Bonds				1	2	3	4	5
Trust Account				1	2	3	4	5
Treasury Bills				1	2	3	4	5
IRA				1	2	3	4	5
Keogh				1	2	3	4	5
401k				1	2	3	4	5
Pension 1 Annuities				1	2	3	4	5
Whole Life I Universal Life Insurance				1	2	3	4	5
Land Contract I Purchase Money Mortgage				1	2	3	4	5
Real Estate Property and Mortgage Assets				1	2	3	4	5
Lottery Winnings (Lump Sum)				1	2	3	4	5
Personal Property Held as an Investment (Such as Gems, Jewelry, Antique Cars, Stamp Collections, Etc.)				1	2	3	4	5
Have You Sold Any Assets in the Past Two (2) Years for More Than \$1,000 00 Less Than Fair Market Value?				1	2	3	4	5
Do You Expect to Receive Any Insurance Claim Settlements, Inheritance, Lottery Winnings, or Capital Gains in the Next Twelve (12) Months?				1	2	3	4	5
Are total household assets at or below \$5,000?				1	2	3	4	5

Signature of Parent 1 Guardian

Date



EMPLOYMENT VERIFICATION

(The use of white out, black out, or alteration of original information will void this document)

Project Name:	The Courts of Camp Springs	Unit ID:		Date:	
Applicant/Tenant:		SSN:			

Employer Contact:

Business Name:		Contact Person:	
Address:		Phone:	
City:		State:	
		Zip:	
		Fax:	
		Email:	

My Signature Authorizes Verification of My Employment Income Information:

Applicant/Tenant Signature

Date

The individual named directly above is an applicant/tenant of the IRC § 42 Low Income Housing Tax Credit Program. The information provided will be used to determine eligibility for the program and remains confidential to the satisfaction of that stated purpose only. Your prompt response is crucial and would be greatly appreciated.

Sincerely,

Tyee Morgan

Project Owner/Management Agent

RETURN THIS FORM TO:

The Courts of Camp Springs
5327 Carswell Avenue
Suitland, Md. 20746

Phone: (301)899-1099 Fax: (301)423-5228

THIS SECTION TO BE COMPLETED BY EMPLOYER

- Please answer all questions fully leaving no blanks
- Please provide an employee pay history report when returning this completed form

Employee Name: _____ Job Title: _____
Presently Employed: Yes ☐ Date First Employed: ____/____/____ No ☐ Last Date of Employment: ____/____/____
Current Wages (check one) ☐ Hourly ☐ Salary \$ _____ Pay Frequency Weekly Bi-weekly Monthly Semi-monthly Yearly
Pay Method Cash Check Direct Deposit Other _____

Number of regular hours scheduled per week: _____
(If hours vary please list average anticipated)

Gross pay from prior year: \$ _____

Gross Year to Date Pay: \$ _____

From ____/____/____ Through ____/____/____

Number of pay periods included in the YTD earnings above: _____

Overtime Rate: \$ _____ per hour Average number of OT hours per week: _____

Shift Differential Rate: \$ _____ per hour Average number of shift differential hours per week: _____
Commissions, bonus, tips, other: \$ _____ Frequency ☐ Weekly ☐ Bi-weekly ☐ Monthly ☐ Semi-monthly ☐ Yearly ☐ Other _____

List the most recent change in the employee's rate of pay: \$ _____ % _____; Effective date: ____/____/____

List any anticipated change in the employee's rate of pay within the next 12 months: \$ _____ % _____; Effective date: ____/____/____

If the employee's work is seasonal or sporadic, please indicate the layoff period(s): _____

Is employee eligible for unemployment during the layoff? ☐ No ☐ Yes Does employee participate in a retirement plan i.e. 401k? ☐ No ☐ Yes

Additional Remarks: _____

Employer Signature

Employer Printed Name

Date

Employer Name and Address

Phone #

Fax #

E-Mail

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

The Courts of Camp Springs
HallKeen Management
5327 Carswell Avenue
Camp Springs, MD 20746
301-899-8800

GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION

NAME: _____

ADDRESS: _____

I, the above-named individual, have authorized The Courts of Camp Springs and HallKeen Management to verify the accuracy of the information which I have provided to them, from any of the following sources:

Child Care Expenses	Veteran's Benefits
Criminal Activity (CORI)	Federal, State, or Local Benefits
Courts	Banks, Credit Unions
Family Composition	IRAs, COs, 401k, 403b
Law Enforcement Agency	Interest, Dividends
Credit Bureau Employment	Financial Institutions, Brokerages
Self Employment Unemployment	Mutual funds
Compensation Pensions	Alimony, Child Support
Annuities	Other Income: Regular Gifts/Allowances from another person
Social Security	Commissions, Tips, Bonuses
Supplemental Security Income	Landlords, Rental History
State Welfare Agencies	Identity & Marital Status
State Employment Security Agency	Handicapped Assistance Expenses
Workman's Compensation	Medical Insurance Premiums
Health & Accident Insurance	Un-reimbursed Medical Expenses
	School & College Tuition Fees

I HEREBY GIVE YOU MY PERMISSION TO RELEASE THIS INFORMATION TO THE COURTS OF CAMP SPRINGS AND/OR HALLKEEN MANAGEMENT SUBJECT TO THE CONDITION THAT IT BE KEPT CONFIDENTIAL. I would appreciate your prompt attention in supplying the information requested on the attached page to The Courts of Camp Springs and/or HallKeen Management within five (5) days of receipt of this request. I understand that a photocopy of this authorization is as valid as the original.

Thank you for your cooperation!

Signed Under the Pains and Penalties of Perjury:

X _____

Signature

Date

HOUSEHOLD STUDENT STATUS VERIFICATION

Applicant/Tenant Name: _____

Address: _____

Completed for (check one):

☐ Move-in/Initial; Effective date: _____

☐ Annual recertification; effective date: _____

Will ALL of the persons in your household be full-time students during any part of any five (5) calendar months following the effective date written above or at any time during the current calendar year prior to the effective date written above? ☐ YES ☐ NO

IF YES, then is anyone in your household:

- A full time student married and filing a joint tax return? ☐ YES ☐ NO
- A full time student and receives assistance under Title IV of the Social Security Act? ☐ YES ☐ NO
- A full time student enrolled in a job training program under the Job Training Partnership Act/ Workforce Investment Act (federal, state or local)? ☐ YES ☐ NO
- A full time student and AFDC/TANF recipient? ☐ YES ☐ NO
- A full time student and single parent living with his/her minor child who is not a dependent on another's tax return? ☐ YES ☐ NO
- Was a student previously in the foster care system? ☐ YES ☐ NO

I certify that I am aware of the Student Status Rules set forth by the LIHTC program. Upon acceptance into the LIHTC program I understand that my entire household cannot consist of full-time students at any time during the lease. If the entire household qualifies under the definition of full-time student status, I will no longer be eligible for housing under the LIHTC program and will have to vacate the apartment; provided that the household does not meet one of the above-listed exceptions.

Applicant/Tenant Signature

Date

Applicant/Tenant Signature

Date

Applicant/Tenant Signature

Date

Witness

Date

Household Student Status Verification

© SPECTRUM ENTERPRISES 2013

UNDER \$5,000 ASSET CERTIFICATION

For households whose combined net assets are less than \$5,000.00
Complete only ONE form per household; include assets of children

Applicant/Tenant: _____ Unit #: _____

Complete 1 or 2:

1. ☐ I/we do not have any assets at this time (skip to #5)
2. ☐ I/we do have assets as follows:

Cash on hand	\$ _____		
Balance(s) on prepaid debit card(s)	\$ _____	\$ _____	\$ _____
Average 6 mo checking acct balance	\$ _____	Interest/Dividend Income:	_____
Current savings acct balance	\$ _____	Interest/Dividend Income:	_____
401k/IRA	\$ _____	Interest/Dividend Income:	_____
CD/Money Market	\$ _____	Interest/Dividend Income:	_____
Stocks/Bonds/Retirement	\$ _____	Interest/Dividend Income:	_____
Life Insurance (except Term)	\$ _____	Interest/Dividend Income:	_____
Safe Deposit Box	\$ _____	Interest/Dividend Income:	_____
Equity in Real Estate	\$ _____	Rental Income:	_____
Lump Sum Amounts received	\$ _____	i.e. lottery/inheritance/insurance/lawsuit	
Other:	\$ _____	Interest/Dividend Income:	_____
Other:	\$ _____	Interest/Dividend Income:	_____
Other:	\$ _____	Interest/Dividend Income:	_____

- For all assets list the cash value which is the market value minus the cost of converting the asset to cash such as broker fees, settlement costs, outstanding loans, early withdrawal penalties, etc.
- List only amounts accessible to the household members. For instance, do not list pension or retirement account balances that cannot be accessed without terminating employment
- Do not list necessary personal property such as clothing, furniture, televisions, etc.
- Include any personal property held as an investment such as artwork, antique cars, coin collections, gems, etc.
- Answer all items. If you do not have a specific type of asset, write "N/A."

3. The total net household assets above are less than \$5,000.00 ☐ YES ☐ NO
4. Total annual income from all assets is: _____
5. In the past 2 years I/we have sold or given away assets (such as cash, real estate, etc.) for less than fair market value: ☐ YES ☐ NO
If YES list asset disposed: _____ Date of disposal: _____
Fair market value: _____ Amount received: _____

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

(Signature of Tenant)

Date

(Signature of Tenant)

Date

(Signature of Tenant)

Date

APPLICANT/TENANT CERTIFICATION

Giving True and Complete Information

I certify that all the information provided on household composition, income, family assets and items for allowances and deduction, is accurate and complete to the best of my knowledge. I have reviewed the application form and/or the HUD form 50059 and certify that the information shown is true and correct.

Reporting Changes in Income or Household Composition

I know that I am required to report immediately in writing any changes in income and any changes in my household size, when a person moves in or out of the unit. I understand the rules regarding guests/visitors and when I must report anyone whom is staying with me.

Reporting on Prior Housing Assistance

I certify that I have disclosed where I received any previous housing assistance and whether or not money is owed. I certify that for this previous assistance I did not commit any fraud, knowingly misrepresent any information or vacate the unit in violation of the lease.

No Duplicate Residence or Assistance

I certify that this apartment will be my principal residence and that I will not obtain duplicate housing assistance while I am in this current program. I will not live anywhere else without notifying The Courts of Camp Springs immediately in writing. I will not sublease my assisted residence.

Cooperation

I know I am required to cooperate in supplying all information needed to determine my eligibility, level of benefits, or verify my true circumstances. Cooperation includes attending pre-scheduled meeting and completing and signing needed forms. I understand that failure to do so may result in delays, termination of assistance or eviction.

Criminal and Administrative Actions for False Information

I understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal or State criminal law. I understand that knowingly supplying false, incomplete or inaccurate information is grounds for termination of housing assistance and/or termination of tenancy.

Household Adults Signature and Date of Signature

1. _____
2. _____
3. _____
4. _____
5. _____

Custody & Child Support Affidavit

*Please complete a separate form for each minor in this unit
not living with both biological or adoptive parents:*

Applicant/Tenant: _____ Unit #: _____

Minor's Name, SSN(last 4 digits), DOB : _____, _____, ____/____/____

Name of Absent Parent: _____

Do you receive child support for this child? ☐ Yes ☐ No

- If Yes, list amount \$_____ per ☐ Week ☐ Month
- Will this payment or amount change in the next 12 months? ☐ Yes ☐ No
- If Yes, please explain _____

Have you ever been awarded an amount of child support for this child through the courts or an informal agreement? ☐ Yes ☐ No

- If Yes, what type of agreement? ☐ Court/Formal ☐ Informal/Mutual Agreement
- If Yes, please submit a copy of the agreement or other document outlining child support arrangements.

If the amount being received is different than the amount specified in a divorce decree or settlement agreement, have you taken legal action to collect the specified amount? ☐ Yes ☐ No

- If Yes, please describe efforts _____:

ONLY COMPLETE THIS SECTION IF HOUSEHOLD WOULD BE OVER THE INCOME LIMIT WITHOUT INCLUDING THE CHILD(REN) IN THE HOUSEHOLD:

- Will this child live with you in the tax credit apartment at least 50% of the time?
☐ Yes ☐ No
- If Yes, please submit a copy of a divorce decree, separation agreement or other document outlining custody arrangements.
- Who claimed the child as a dependant on their most recent tax return?
☐ I did ☐ the absent parent ☐ No one

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

Tenant Signature: _____ Date: _____

Management Signature: _____ Date: _____

**Race and Ethnic Data
Reporting Form**U.S. Department of Housing
and Urban Development
Office of HousingOMB Approval No. 2502-0204
(Exp. 3/31/2014)**Courts of Camp Springs****5327 Carswell Avenue Suitland, MD 20746**

Name of Property

Project No.

Address of Property

HallKeen Management**LIHTC**

Name of Owner/Managing Agent

Type of Assistance or Program Title:

Name of Head of Household

Name of Household Member

Date (mm/dd/yyyy): _____

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	One or More
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

Definitions of these categories may be found on the reverse side.*There is no penalty for persons who do not complete the form.**_____
Signature_____
Date

Public reporting burden for this collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

LIHTC DEMOGRAPHIC DATA RELEASE CONSENT FORM

We, the adult members of the household living in the property at the address below, do hereby give consent to the owner and the manager of that property to share with offices of the state and federal governments, and their designated subcontractors and agents, demographic and other Information about my household, myself, and members of my household.

The information is intended for use in compliance with the reporting requirements regarding the characteristics of households living in each Low Income Housing Tax Credit property, including race, income, age, ethnicity, family composition, use of Section 8 and other rental assistance, and monthly rental payments, pursuant to the Housing and Economic Recovery Act of 2008. All information obtained through this Consent Form shall be protected and shall remain confidential to the extent required by federal and state privacy laws and regulations.

A copy of this Consent Form has the same authority as the original. Consent forms signed separately by different adult members of the household will have the same effect as one consent form signed by all adult members of the household.

Property Name: The Courts of Camp Springs

Address: 5327 Carswell Avenue, Suitland, MD 20746

Date: _____ Signature: _____

Adult Household Member Name [please print]: _____

Address: _____

Date: _____ Signature: _____

Additional Adult Household Member [please print]: _____

Address: _____

Date: _____ Signature: _____

Additional Adult Household Member [please print]: _____

Address: _____

I, having custody of the minor children listed below who are members of the household living in the property at the address above, do hereby give consent to the owner and the manager of that property to share with offices of the state and federal governments, and their designated subcontractors and agents, demographic and other information (described above) about those minor children.

Child's Name: _____

Child's Name: _____

Child's Name: _____

Date: _____ Signature: _____

Adult Household Member Name [please print]: _____

Address: _____

TELEPHONE REFERENCES FOR: _____ UNIT: # _____

REFERENCE #1: _____ PHONE: _____

How do you know the applicant? _____

How long have you known the applicant? _____

Would you say that the applicant is responsible?

() Yes () No Comment: _____

Would you say that the applicant is capable maintaining a clean apartment?

() Yes () No Comment: _____

Would you say that the applicant could abide by terms & conditions of a lease?

() Yes () No Comment: _____

REFERENCE #2: _____ PHONE: _____

How do you know the applicant? _____

How long have you known the applicant? _____

Would you say that the applicant is responsible?

() Yes () No Comment: _____

Would you say that the applicant is capable maintaining a clean apartment?

() Yes () No Comment: _____

Would you say that the applicant could abide by terms & conditions of a lease?

() Yes () No Comment: _____

REFERENCE #3: _____ PHONE: _____

How do you know the applicant? _____

How long have you known the applicant? _____

Would you say that the applicant is responsible?

() Yes () No Comment: _____

Would you say that the applicant is capable maintaining a clean apartment?

() Yes () No Comment: _____

Would you say that the applicant could abide by terms & conditions of a lease?

() Yes () No Comment: _____

COMPLETED BY: _____ DATE: _____

MARITAL STATUS AFFIDAVIT

Use this form for any applicant or resident who is divorced, separated, widowed, or estranged from their spouse

Applicant/Tenant: _____ **Unit #:** _____

I hereby certify that I am ☐ divorced; ☐ separated; ☐ widowed; ☐ estranged

from my spouse whose name is: _____

Date of divorce/separation/etc. _____

Check this box and initial:

☐ My spouse is NOT a member of this household and WILL NOT be living in the apartment

Check A or B:

A. ☐ I am NOT and will NOT be receiving any form of spousal contributions to my household.

B. ☐ I AM or DO anticipate receiving spousal contributions to my household

Spousal contribution in the amount of \$ _____ per month will be received during the next 12 month period. I will immediately notify the office of any change in this amount.

Answer the following:

I have been awarded income such as alimony, child support, or survivor benefits

☐ YES ☐ NO

I am in possession of and can provide copies of legal documents to verify divorce, separation, etc. ☐ YES ☐ NO If NO please state why: _____

The following legal actions have been made to attempt to collect payments owed to me:

These questions are being asked to document income eligibility for affordable housing. You will not be approved or denied based on your marital status.

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

Applicant Signature

Date

INTERVIEW CHECKLIST

Complex Code _____

Date _____

A personal interview is required in order to process an applicant for tenancy. This interview checklist will be used with all applicants to go over the application. All questions will be asked during the interview with the applicant(s) required to sign this form at the end of the interview.

This application is listed with _____ As head of household.

Is that correct? ☐ Yes ☐ No

	Name	Relationship to head	Birth Date	Age (optional)	Student Y/N
Head					
Co-T					
3.					
4.					
5.					
6.					
7.					
8.					

Have there been any changes in household composition in the last twelve months? ☐ Yes ☐ No

If yes, explain:

Do you anticipate any changes in household composition in the next twelve months? ☐ Yes ☐ No

If yes, explain:

Is there anyone not listed above who would normally live with the household? ☐ Yes ☐ No

If yes, explain:

Is this the entire household to occupy the unit? ☐ Yes ☐ No

If no, please explain: _____

As site/resident manager, I am making you aware that no one else can join the household without prior management approval. Do you understand this clearly?

☐ Yes ☐ No

Do you understand that if we discover during the verification process that others will be living in your household not listed on the application or on this interview checklist that is grounds to cancel your application?

☐ Yes ☐ No

Will all of the persons in the household be or have been full time students during five calendar months of this calendar year, or the upcoming calendar year at an educational institution (other than a correspondence school) with regular faculty and students?

☐ Yes ☐ No

If yes, please explain: _____

If yes, answer the following questions:

Are any full-time student(s) married and filing a joint tax return?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the full time student a Title IV/TANF recipient?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the full time student a single parent living with his/her minor child and the parent is not a dependant on another's tax return and the children are dependents only of a parent?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the full time student a person who was previously under the care and placement of a foster care program (under Part B or E of Title IV of the Social Security Act)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

To be clear in regard to government definitions, we will now go over a checklist of household income and assets. Please answer yes or no to the following and if yes, provide the amounts. Do you or any family member have income from:

Social Security?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
SSI?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Scheduled payments from Pension/Annuity/Investment/Retirement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Veterans Benefits?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Disability?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Unemployment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Workman's Comp?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
TANF/Public Assistance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Employment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Do you receive Alimony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Are you entitled to receive Alimony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Do you receive Child Support?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Are you entitled to receive Child Support?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Military Pay?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Net Income from Business?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Contributions (monetary or not) from Friends/Relatives/Etc?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Income from Assets?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Other Income?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Long Term Medical Care Insurance Payments in excess of \$180/day	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
**Grants or Scholarships?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$

[**Amounts received which exceed the cost of tuition may have to be counted in total income]

Do you file Income Tax returns? ☐ Yes ☐ No

Please list total household income for previous year. \$ _____

If this differs from current year, please explain: _____

Is any member of the household likely to receive income or assistance from someone who is not a member of the household as listed on Page 1? ☐ Yes ☐ No

If yes, please explain: _____

Is any member of the household expecting any changes to their current income information in the next months (seeking employment, child support, expecting a promotion etc.)? ☐ Yes ☐ No

If yes, please explain: _____

Do you or a family member have any of the following assets?

Checking Accounts	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Savings Accounts	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Certificates of Deposit	<input type="checkbox"/> Yes	<input type="checkbox"/> No
IRA	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other Retirement Funds	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Stocks or Bonds	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mutual Funds	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Trust Accounts	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Life Insurance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Real Estate	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If Real Estate is owned, is it for sale? ☐ Yes ☐ No Rented? ☐ Yes ☐ No Sold? ☐ Yes ☐ No

Does anyone hold any personal property as an investment (antique cars, jewelry, coins, etc.) ☐ Yes ☐ No

Please explain: _____

Other Current Assets (Cash, etc.?) ☐ Yes ☐ No

Please explain: _____

Have any assets been disposed of within the past two years? ☐ Yes ☐ No

Please explain if any of the above assets are, or have been, held jointly: _____

Does any member of the household have an asset(s) owned jointly with a person who is NOT a member of the household as listed on page 1? ☐ Yes ☐ No

If yes, describe: _____

Compare income sources and amounts listed on the application to those listed on this interview and clarify any differences. _____

Compare asset sources and amounts listed on the application to those listed on this interview and clarify any differences. _____

Do you rent or own? ☐ Rent ☐ Own How long lived there? _____

If currently a homeowner, have you given credit references inclusive of mortgage lender? ☐ Yes ☐ No

Give a current or previous landlord _____

Are you currently under eviction or have you ever been evicted? ☐ Yes ☐ No

If so, why:

If the tenant or co-tenant is under the legal age of 18, have they provided proof of emancipation? ☐ Yes ☐ No

Thank you for answering all of the above questions. You must now sign all required verification release forms. Once we have completed processing all paperwork, you will receive notice in writing of selection, rejection or waiting list status.

Certification by Applicant(s)

I/We certify that all questions on this interview checklist have been asked of me/us at my/our personal interview with management. I/We have understood and answered all questions. I/We have reviewed my/our answers on this checklist. I/We certify that all answers are true to the best of my/our knowledge and that any misrepresentation of information will lead to cancellation/rejection of my/our application.

(Signature of Tenant)

Date

(Signature of Co-Tenant)

Date

(Signature of Manager/Owner)

Date