



7490 W 45th Ave
Wheat Ridge, CO 80033
303.422.8600

TENANT RELEASE AND CONSENT FORM
(Tax Credit, HOME, RTC, Loan Compliance or Other Special Funding)

I/We, _____
the undersigned hereby authorize all persons all persons or companies in the categories listed below to release without liability information regarding employment, income, rental history, and/or assets to Jefferson County Housing Authority for purposes of verifying information on my/our rental housing 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; employment history; income; assets, and; medical or child care allowances. I/we understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation as a qualified tenant.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

Past & Present Employers	Welfare Agencies	Veterans Administration	Previous Landlords (incl. Public Housing Agencies)	Retirement Systems
Social Security Administration	Banks Support	Child Support or Alimony Providers	Medical & Child Care Providers	Financial 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 twelve months from the date signed. I/We understand I/we have a right to review this file and correct any information that is incorrect.

SIGNATURES for Apartment _____ **Current Resident ()** **Applicant ()**

Head of Household **Print Name** **Date**

Spouse or Co-Head **Print Name** **Date**

Adult Member **Print Name** **Date**

Adult Member **Print Name** **Date**



authorization to assist

Head of Household Name	Unit Number
------------------------	-------------

I, _____
authorize _____
to assist in completing my certification forms.

The person assisting is:

- ☐ Property staff
- ☐ My caseworker
- ☐ A family member
- ☐ Other: _____

I require assistance due to:

- ☐ Difficulty writing
- ☐ Difficulty understanding the forms
- ☐ Limited English proficiency
- ☐ Other: _____

signatures

Resident Name (Print)	Signature	Date
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Name of Person Assisting (Print)	Signature	Date
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supplementary demographic information

Colorado Housing and Finance Authority (CHFA) requests the following information in order to comply with the Housing and Economic Recovery Act (HERA) of 2008, which requires all Low Income Housing Tax Credit (LIHTC) properties to collect and submit to the U.S. Department of Housing and Urban Development (HUD), certain demographic and economic information on tenants residing in LIHTC-financed properties.

Although CHFA would appreciate receiving this information, you may choose not to furnish it. You will not be discriminated against on the basis of this information, or on whether or not you choose to furnish it. If you do not wish to furnish this information, please check the box below.

☐ Resident/Applicant: I do not wish to furnish information regarding ethnicity, race, and other household composition.

Please initial:

HH #: #1 #2 #3 #4 #5 #6 #7

enter both ethnicity and race codes for each household member (see below for codes)

hh mbr #	last name	first name	mi	race code	ethnicity code	disability code
1						
2						
3						
4						
5						
6						
7						

race code	
1	African American/Black
2	American Indian/Alaskan Native
3	Asian
4	Asian Indian
5	Asian Other
6	Chinese
7	Filipino
8	Guamanian/Chamarro
9	Japanese
10	Korean
11	Native Hawaiian
12	Native Hawaiian/Pacific Islander
13	Pacific Islander Other
14	Samoan
15	Vietnamese
16	White
17	Other
18	Refused
19	Missing
20	Tenant declined to respond

ethnicity codes	
1	N/A
2	Hispanic
3	Non-Hispanic
4	Hispanic or Latino
5	Not Hispanic or Latino
6	Tenant declined to respond
7	Missing

disability codes	
1	Yes
2	No
3	Tenant declined to respond
4	Missing



certification questionnaire

for applicants and recertifying residents

Head of Household Name	Unit Number
------------------------	-------------

The information on this form is needed to certify/recertify your household. Please complete this entire form and leave no blanks. If there are any questions that you do not understand, please call the apartment manager. Thank you for your cooperation.

part 1 household composition

hh mbr	full name	relationship to head of household (hoh)	date of birth	student? (includes grades k-12)	if a student: full-time (ft) or part-time (pt)?
1		HoH		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> FT <input type="checkbox"/> PT
2				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> FT <input type="checkbox"/> PT
3				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> FT <input type="checkbox"/> PT
4				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> FT <input type="checkbox"/> PT
5				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> FT <input type="checkbox"/> PT
6				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> FT <input type="checkbox"/> PT

Do you expect any additions to the household within the next 12 months? (check one) If yes, please explain:

☐ Yes ☐ No

part 2 tenant income

does your household have income, assistance, or benefits from the sources listed below?	monthly income/assistance amount	hh mbr #
<input type="checkbox"/> Yes <input type="checkbox"/> No Self employment (<i>list nature of self employment</i>)	(<i>use net income from business</i>) \$	
<input type="checkbox"/> Yes <input type="checkbox"/> No Employment receiving wages, salary, overtime pay, commissions, fees, tips, bonuses, and/or other compensation. <i>If yes, list the information in Part 3 below.</i>		
<input type="checkbox"/> Yes <input type="checkbox"/> No Unemployment benefits	\$	
<input type="checkbox"/> Yes <input type="checkbox"/> No Veteran's Administration, GI Bill, or National Guard/military benefits/income	\$	
<input type="checkbox"/> Yes <input type="checkbox"/> No Educational assistance (for full and part time students) in the forms of grants, scholarships, or fellowships (<i>exclude student loan awards which must be repaid</i>)	\$	
<input type="checkbox"/> Yes <input type="checkbox"/> No Retirement benefits from Social Security	\$	
<input type="checkbox"/> Yes <input type="checkbox"/> No Supplemental Security Income (SSI) or Social Security Disability Income (SSDI)	\$	
<input type="checkbox"/> Yes <input type="checkbox"/> No Unearned income from family members age 17 or under (example: Social Security, trust fund disbursements, etc.)	\$	
<input type="checkbox"/> Yes <input type="checkbox"/> No Disability or death benefits other than Social Security	\$	
<input type="checkbox"/> Yes <input type="checkbox"/> No Public housing assistance/Rental assistance/Section 8 voucher. Housing authority providing the assistance:	\$	
<input type="checkbox"/> Yes <input type="checkbox"/> No I/we receive public assistance income (example: TANF)	\$	

does your household have income, assistance, or benefits from the sources listed below?		monthly income/ assistance amount	hh mbr #
<input type="checkbox"/> Yes <input type="checkbox"/> No	Child support payments. If yes, for how many children do you receive support?	\$	
<input type="checkbox"/> Yes <input type="checkbox"/> No	I am entitled to receive child support payments and am currently making efforts to collect child support owed to us. Describe efforts being made to collect child support:	Anticipated Amount: \$	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Alimony/spousal support payments	\$	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Periodic payments from trusts, annuities, inheritance, retirement funds or pensions, insurance policies or lottery winnings. If yes, list sources: 1. 2.	\$ \$	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Income from real or personal property	(use net earned income) \$	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do your family, friends, or any other person or organization outside of your household help you meet needs by giving you cash assistance? If yes, who provides the cash assistance? What is the average amount of cash you receive? \$	How often do you receive the cash assistance? <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do your family, friends, or any other person or organization outside of your household help you pay a bill or expense, such as for utilities, car, gas, insurance, bus pass, telephone, cable/internet, diapers, etc.? If yes, who helps you pay the bills or expense? What is the average amount of assistance you receive? \$	How often do they pay the bills or expense? <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other:	

part 3 current employment information (please attach a separate form for additional employment, if needed)

Resident Name				Occupation/Title		
Employer Name				Contact Person		
Employer Address						
City				State	Zip Code	
Date Hired	Salary/Rate of Pay \$	<input type="checkbox"/> 2x a month <input type="checkbox"/> Monthly <input type="checkbox"/> Hourly	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Annually	# Hours Worked Per Week	Work Phone	Work Fax

Resident Name				Occupation/Title		
Employer Name				Contact Person		
Employer Address						
City				State	Zip Code	
Date Hired	Salary/Rate of Pay \$	<input type="checkbox"/> 2x a month <input type="checkbox"/> Monthly <input type="checkbox"/> Hourly	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Annually	# Hours Worked Per Week	Work Phone	Work Fax

Resident Name				Occupation/Title		
Employer Name				Contact Person		
Employer Address						
City				State	Zip Code	
Date Hired	Salary/Rate of Pay \$	<input type="checkbox"/> 2x a month <input type="checkbox"/> Monthly <input type="checkbox"/> Hourly	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Annually	# Hours Worked Per Week	Work Phone	Work Fax

part 4 previous employment information *(not required for retired persons)*

Resident Name				Occupation/Title		
Employer Name				Contact Person		
Employer Address						
City			State		Zip Code	
Date Hired	Ending Salary/ Rate of Pay \$	<input type="checkbox"/> 2x a month <input type="checkbox"/> Monthly <input type="checkbox"/> Hourly	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Annually	Term. Date	Work Phone	Work Fax

Resident Name				Occupation/Title		
Employer Name				Contact Person		
Employer Address						
City			State		Zip Code	
Date Hired	Ending Salary/ Rate of Pay \$	<input type="checkbox"/> 2x a month <input type="checkbox"/> Monthly <input type="checkbox"/> Hourly	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Annually	Term. Date	Work Phone	Work Fax

part 5 student status certification

Students include individuals attending public or private elementary schools, middle or junior high schools, senior high schools, colleges, universities, technical, trade or mechanical schools. Students do not include individuals participating in on-the-job training or correspondence courses.

please choose **one** option below that best describes your **household**

<input type="checkbox"/>	The household contains at least one occupant who is not a student and has not been and will not be a student for five months or more out of the current and/or upcoming calendar year (months need not be consecutive).
	List non-student here:
<input type="checkbox"/>	The household contains all students , but is qualified because at least one occupant is a part time student. Verification of part time student status is required.
	List part time student here:
<input type="checkbox"/>	The household contains all students who were, are, or will be full time for five months or more out of the current and/or upcoming calendar year (months need not be consecutive). If yes, you must answer all five questions below.

	yes	no
Are the students married and entitled to file a joint tax return? (attach an affidavit or tax return)f	<input type="checkbox"/>	<input type="checkbox"/>
Is at least one student a single parent with child(ren), and this parent is not a dependent of someone else, and the child(ren) is/are not dependent(s) of someone other than the parent(s)?	<input type="checkbox"/>	<input type="checkbox"/>
Is at least one student receiving Temporary Assistance to Needy Families (TANF)?	<input type="checkbox"/>	<input type="checkbox"/>
Does at least one student participate in a program receiving assistance under the Job Training Partnership Act, Workforce Investment Act, or under other similar federal, state, or local laws? (attach verification of participation)	<input type="checkbox"/>	<input type="checkbox"/>
Does the household consist of at least one student who was previously under foster care? (provide verification of participation)	<input type="checkbox"/>	<input type="checkbox"/>

part 6 asset information certification questionnaire

do you have assets as listed below?		hh mbr #	account #(s)	interest rate	cash value
<input type="checkbox"/> Yes <input type="checkbox"/> No	Checking account(s). If yes, list bank(s).			%	\$
	1. 2.			%	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Savings account(s). If yes, list bank(s).			%	\$
	1. 2.			%	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Trust(s). If yes, please indicate which type (revocable or non-revocable), bank, and/or trustee's name.			%	\$
	1. 2.			%	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	I/we own real estate (or hold a mortgage or Deed of Trust). If yes, provide description.				\$

do you have assets as listed below?		hh mbr #	account #(s)	interest rate	cash value
<input type="checkbox"/> Yes <input type="checkbox"/> No	Personal property that is being held as an investment. If yes, describe:			%	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Stocks, bonds, or Treasury bills. If yes, list sources/bank name(s). 1. 2.			% %	\$ \$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Certificate(s) of Deposit (CD) or Money Market account(s). If yes, list source(s)/bank name(s). 1. 2.			% %	\$ \$
<input type="checkbox"/> Yes <input type="checkbox"/> No	IRA/Lump Sum Pension/Keogh Account/401k. If yes, list bank(s). 1. 2.			% %	\$ \$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Benefit Cards (Direct Express Debit, TANF, and/or unemployment benefits)				\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	I/we have a life insurance policy (exclude term policies). If yes, list company. 1. 2.			% %	\$ \$
<input type="checkbox"/> Yes <input type="checkbox"/> No	I/we have cash on hand or cash in a safe deposit box.			%	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	I/we have disposed of assets (i.e., gave away money/assets) for less than the fair market value in the past two years. If yes, list items and date disposed.				\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	I/we have income from assets or sources other than those listed above (i.e. electronic accounts: Venmo, PayPal, Bitcoin, GoFundMe, etc.). If yes, list type below.			%	\$

If forms are completed electronically, one of the following boxes must be checked:

- ☐ This form was completed electronically by the resident.
- ☐ Management or someone outside of household assisted with completing the form electronically (Authorization to Assist is attached).

signatures

Under penalties of perjury, I certify that the information presented on this form is true and accurate to the best of my/our knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information will result in the denial of application or termination of the lease agreement.

Print Name of Resident	Signature	Date
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Print Name of Resident	Signature	Date
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Print Name of Other Resident	Signature	Date
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Print Name of Other Resident	Signature	Date
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Reviewed by (Signature of Owner/Representative)	Date
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All household members ages 18 or over must sign and date.



1981 Blake Street
Denver, Colorado 80202
888.925.5720
800.877.chfa (2432)
www.chfainfo.com

verification of employment

The employer contact information below is to be completed by the property owner/agent, not the applicant/resident.

Employer	
Address	
Fax	Email
Regarding (Applicant/Resident Name)	

property owner/management agent signature

The above Applicant/Resident is applying to/participating in a housing program that requires verification of income. The individual has signed a release below giving you permission to supply us with information. The information provided will remain confidential. Please return the completed form to the address/fax below.

I certify that this verification has been sent directly to the employer and was not hand-carried by the applicant/tenant or any other interested party.

Signature of Owner/Agent	Title	Date
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Owner/Agent's Mailing Address	Property owner/management agent signature
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Owner/Agent's Fax Number	Owner/Agent's Email Address
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applicant/resident (employee) consent to release information

My signature below authorizes verification of my employment information.

Applicant/Resident Signature	Date
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Form continues on next page.

employers: please fill out the information below as completely as possible.

Please do not leave any items left blank. If an item is not applicable, please check the n/a box.

Employee Name		Job Title			
Presently Employed?		<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Date First Employed:		Last Date of Employment:			
Base Pay	<input type="checkbox"/> Hour	<input type="checkbox"/> Week	<input type="checkbox"/> Month	<input type="checkbox"/> Year	<input type="checkbox"/> Other: (biweekly, semi-monthly, etc.)
\$ _____ per (check one)	If hourly, regular hours worked per week? _____				
Overtime Hours Per Week	Overtime Rate Per Hour	Shift Differential Hours Per Week	Shift Differential Rate Per Hour		
_____ <input type="checkbox"/> N/A	\$ _____ <input type="checkbox"/> N/A	_____ <input type="checkbox"/> N/A	\$ _____ <input type="checkbox"/> N/A		
Year-to-date Earnings		YTD Period			
\$ _____		_____ to _____			
Does this employee receive? (check all that apply)		<input type="checkbox"/> Bonuses	<input type="checkbox"/> Commission	<input type="checkbox"/> Tips	<input type="checkbox"/> None
Average bonuses/tips/commissions		<input type="checkbox"/> Hour	<input type="checkbox"/> Week	<input type="checkbox"/> Month	<input type="checkbox"/> Year
\$ _____ per (check one) <input type="checkbox"/> N/A					
Are bonuses/tips/commissions guaranteed?		<input type="checkbox"/> Yes	<input type="checkbox"/> No. Please explain:		<input type="checkbox"/> N/A
Date of Next Pay Increase (if known)		Amount of Next Pay Increase (if known)			
_____ <input type="checkbox"/> N/A		\$ _____ <input type="checkbox"/> N/A			
If employment is seasonal/periodic, please specify layoff periods.		<input type="checkbox"/> N/A			
Does this employee have a 401(k), 403(b), or other retirement account?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, can the employee withdraw the funds in this account?				<input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is the appropriate agency/contact information to verify retirement account information?				<input type="checkbox"/> N/A	

If form is completed electronically please complete box below:

☐ Employer completed this form electronically _____ (employer initials)

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

Signature of Employer Representative _____ Print Name _____ Date _____

Title _____ Telephone Number _____ Email _____



certification of income for self-employed persons

Head of Household Name

Unit Number

I am a self-employed individual. I am providing the following information and documentation to verify my household income. I certify that the information shown on the attached required items is true and complete to the best of my knowledge.

Based on my previous and planned self-employment activities, I anticipate my income for the next 12 months will be \$_____.

Please choose and complete one of the following options.

- ☐ I have filed federal income tax returns as a self-employed person. Attached are the following required documents:
- Copy of my 20 _____ federal income tax returns as filed with the IRS
 - Year-to-date profit and loss statement
 - Business plan explaining business type/nature, frequency of work, frequency of payment, and payment amounts
- ☐ I have not yet filed or am not required to file federal income tax returns as a self-employed person. Attached are the following required documents:
- Annual profit and loss statement for the previous year
 - Copies of payments/checks received from customers or ledger cards, if available
 - Year-to-date profit and loss statement
 - Business plan explaining business type/nature, frequency of work, frequency of payment, and payment amounts

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

Applicant/Resident Name

Date

Signature of Applicant/Resident

TIP/GRATUITY INCOME AFFIDAVIT

Applicant/Tenant: _____ Unit #: _____

Name of Employer: _____

Job Title: _____

1. Do you receive tips or gratuities at this job? ☐ YES ☐ NO

2. Please list the average amount of tip/gratuity received: \$ _____

\$ _____ per ☐ day ☐ week other _____

3. Are all tips reported to the employer? ☐ YES ☐ NO

If NO, please explain:

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: _____





seasonal worker affidavit

All adult household members who are employed seasonally must complete this form. One document is required per adult household member.

Resident Name	
Unit Number	Date

Please complete the following questions regarding your plans for off-season income.

When does your off season typically begin and end?		Begin:	End:
I have received off season unemployment benefits in the past two years.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, the gross monthly benefit received was:			
I anticipate receiving unemployment benefits in the next off season.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, what is the date you expect to file for unemployment?			
I anticipate looking for another seasonal employment position.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Anticipated gross monthly income to be received:			
I anticipate earning income through self-employment.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, what type of self-employment?			
Anticipated gross monthly income to be received:			
I anticipate receiving cash contributions from persons not living in the household.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, name of contact person:		Phone Number:	
Begin and end dates for contributions:		Anticipated Gross Monthly Amount:	
I do not anticipate receiving any of the above types of income during the off-season.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If claiming zero income during off-season, how will you meet financial obligations?			

signatures

Under penalty of perjury, I certify that the information presented in this affidavit 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.

Applicant/Resident Signature _____ Date _____

Manager Signature _____ Date _____



unemployed resident affidavit

Resident Name	Unit Number
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I certify that I am currently unemployed. My status for the upcoming 12-month period is *(please choose **one** of the following)*:

- ☐ I anticipate becoming employed within the next 12 months. Based on my past work experience, skills, and income history as reflected in my federal income tax return for the most recent tax year (copy must be attached) or other relevant documentation (must be attached), I expect to earn \$ _____ per year when I become employed.
- ☐ I anticipate becoming employed within the next 12 months. I do not have a history of employment, but I expect to earn \$ _____ per year when I become employed.
- ☐ I do not anticipate becoming employed within the next twelve months.

By my signature, I certify the above information is true and correct.

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

Applicant/Resident Signature

Date



zero-/extremely low-income household questionnaire

You reported that your household has no income or extremely low income. Please explain how you pay for household living expenses and meet basic needs by answering the questions below.

Resident Name	Unit Number
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Expense	What is the source of the money you use to pay for this expense (work, family, friend, government or community organization)?	What is the average amount you receive?	How often is this received?			
Rent		\$	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly	<input type="checkbox"/> Other:
Utilities: electricity/gas/etc.		\$	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly	<input type="checkbox"/> Other:
Telephone/Mobile phone		\$	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly	<input type="checkbox"/> Other:
Transportation (gas, car insurance, bus tokens)		\$	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly	<input type="checkbox"/> Other:
Cable or internet service		\$	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly	<input type="checkbox"/> Other:

If forms are completed electronically, one of the following boxes must be checked:

- ☐ This form was completed electronically by the resident.
- ☐ Management or someone outside of household assisted with completing the form electronically (Authorization to Assist is attached).

signature(s)

Warning: Section 1001 of Title 18 of the US Code makes it a criminal offense to willfully falsify a material fact or make a false statement in any matter within the jurisdiction of a federal agency.

I certify that the information supplied in this form is true and correct to the best of my knowledge.

Resident Signature

Date

ASSET VERIFICATION

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

Financial Institution: _____

Address: _____

The individual/household named below has applied for residency or is currently residing in housing that requires verification of all assets and any income earned from the assets. The information will remain confidential. This Verification is being requested in connection with the undersigned's eligibility for residency in the following community:

Project Name: _____

I certify that this verification has been sent directly to the financial institution and was not hand-carried by the applicant/tenant or any other interested party.

Signature of Owner/Agent

Title

Date

By my signature, I hereby authorize disclosure of the asset information requested below in order to determine my eligibility to rent as required by Section 42 of the Internal Revenue Code or other Affordable Housing Program.

Applicant/Tenant Signature

Return Form to:

Printed Name of Applicant/Tenant

Date

SSN Last 4 Digits

Fax # _____

THIS SECTION TO BE COMPLETED BY FINANCIAL INSTITUTION

Please provide the information requested below:

<u>Asset Type</u>	<u>Open Date</u>	<u>Account No.</u>	<u>Account Balance *</u>	<u>% Rate</u>	<u>Annual Int. From Asset</u>
_____	____/____/____	_____	\$ _____	_____	_____
_____	____/____/____	_____	\$ _____	_____	_____
_____	____/____/____	_____	\$ _____	_____	_____
_____	____/____/____	_____	\$ _____	_____	_____

*Please provide the **average 6-month** balances for checking accounts and **current** balances for savings accounts listed.

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

Signature: _____

Date: _____

Printed Name: _____

Phone: _____

Title: _____

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

ASSET VERIFICATION FORM
Whole Life Insurance or Universal Life Insurance

Name of Financial Organization: _____

Address: _____

SUBJECT: Verification of Information Supplied by an Applicant/Tenant for Housing Assistance

NAME: _____

ADDRESS: _____

PLEASE RETURN FORM TO:

Jace Matthews
e-mail: jmatthews@feetnuthsb.org
Fax: 303-422-8400

This person has applied for housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD). HUD requires the housing owner to verify all information that is used in determining this person's eligibility or level of benefits.

We ask your cooperation in providing the following information and returning it to the person listed at the top of the page. Your prompt return of this information will help to ensure timely processing of the application for assistance. The applicant/tenant has consented to this release of information as shown below.

Area to be completed by Financial Organization
(Please answer all questions. Answer N/A if the question doesn't apply.)

Life Insurance Policy Number: _____ Insured individual's name: _____

Owner of the insurance policy: _____

Is the policy written to be paid upon death to a funeral home: _____ Yes _____ No

If yes, does the applicant/tenant listed above have the right to withdraw any value from the insurance policy or any dividends: _____ Yes _____ No

Policy Type: _____ Term _____ Whole Life _____ Universal Life

Surrender or Cash Value of the insurance policy: _____

Outstanding Loan amount: _____

What is the anticipated rate of gain for the upcoming year? _____ or What are the expected dividends to be earned in the upcoming year? _____

Name and Title of Person Supplying the Information _____ Firm/Organization Name _____

Signature _____ Date _____

RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances that would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

Signature _____ Date _____

NOTE TO APPLICANT/TENANT: You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank.

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

Please return the form to the address listed above. Thank You.



RETIREMENT ACCOUNT VERIFICATION
IRA, 401K, Keogh, etc.

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

The property owner/managing agent must mail, fax or e-mail this form directly to the verifier.

Name & Mailing Address of Bank/Brokerage Firm/Employer	Name & Mailing Address of Owner/Agent
To: _____	From: _____
_____	_____
_____	_____
Fax #: _____	Fax #: _____
E-Mail: _____	E-Mail: _____

Re: _____ **Printed Name of Applicant/Resident** _____ **Unit # (if assigned)** XXX – XX – **Last Four Digits of SS#**

I hereby authorize the release of my asset information requested below.

Age of Applicant/Resident:

Signature of Applicant/Resident

Signature Date

_____/_____
(years) (months)

THIS SECTION TO BE COMPLETED BY BANK, BROKERAGE FIRM OR EMPLOYER

The above-named individual has applied for, or is currently residing in, rental housing in a community that was developed under the Low Income Housing Tax Credit (LIHTC) and/or HOME programs. Provisions of the Code require verification of all income and assets. The information you provide will remain confidential and only be used for the purpose of determining the above-named individual's program eligibility. Please provide the information requested below.

Type of Account: ☐ IRA ☐ 401K ☐ Keogh ☐ Other _____

Current Balance: \$ _____ Early withdrawal or surrender fees: \$ _____ or % _____

Interest rate and/or

Dividend earnings: % _____ / \$ _____ per ☐ Month ☐ Quarter ☐ Year ☐ Other _____

Does the holder have access to the funds while employed? ☐ Yes – full accessible amount = \$ _____ ☐ No

Does the holder receive regular periodic payments? ☐ Yes ☐ No

If yes, list GROSS amount of payment: \$ _____ per ☐ Month ☐ Quarter ☐ Year ☐ Other _____

Any expected changes in the upcoming 12 months? ☐ Yes ☐ No

If yes, please explain: _____

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

Printed Name of Agent/Verifier

Signature of Agent/Verifier

Date of Signature

Title of Agent/Verifier

Phone Number

Fax Number

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.

PUBLIC HOUSING AUTHORITY STATEMENT OF INCOME AND ASSISTANCE
For Individuals Receiving Rental Assistance under Section 8 of the United States Housing Act of 1937

Housing Authority: _____
Attn: _____
Address: _____
Fax #: _____

RE: _____
Applicant/Resident Name

The undersigned has applied for/resides in a rental housing unit located in a development operating under the Low-Income Housing Tax Credit (LIHTC) Program, Section 42 of the Internal Revenue Code. The individual has signed the release below giving you permission to supply the requested information. The information provided will remain confidential. Please return the completed form to the address/fax below.

Signature of Owner/Agent _____ Title _____ Date _____

Owner/Agent's Address _____ Owner/Agent's Fax # _____

Consent to Release Information: My signature below authorizes verification of my income and assistance information.

Tenant/Applicant Signature _____ Last 4 SSN _____ Date _____

PHA: Please complete the information requested below for each HH member.

As part of the certification/recertification process, the undersigned PHA representative has verified the above referenced applicant's/resident's income as determined by the requirements of the Section 8 program, and certifies that the income does not exceed the applicable Section 8 limitations. **Please verify the GROSS amount of income before any deductions, for each household member.**

Household Member w/Income: 1. _____

Source of Income:

Employment or Wages \$ _____ Social Security/Pensions \$ _____

Public Assistance: (TANF/OAP, etc.) _____ \$ _____

Other (please list type): _____ \$ _____

_____ \$ _____

(i.e. child support, income from assets, reoccurring gifts, etc.)

Household Member w/Income: 2. _____

Source of Income:

Employment or Wages \$ _____ Social Security/Pensions \$ _____

Public Assistance: (TANF/OAP, etc.) _____ \$ _____

Other (please list type): _____ \$ _____

_____ \$ _____

(i.e. child support, income from assets, reoccurring gifts, etc.)

Household Member w/Income: 3. _____

Source of Income:

Employment or Wages \$ _____ Social Security/Pensions \$ _____

Public Assistance: (TANF/OAP, etc.) _____ \$ _____

Other (please list type): _____ \$ _____

_____ \$ _____

(i.e. child support income from assets, reoccurring gifts, etc.)

Household Member w/Income: 4. _____

Source of Income:

Employment or Wages \$ _____ Social Security/Pensions \$ _____

Public Assistance: (TANF/OAP, etc.) _____ \$ _____

Other (please list type): _____ \$ _____

_____ \$ _____

(i.e. child support income from assets, reoccurring gifts, etc.)

Annual **GROSS** household income: \$ _____ Date verified: _____

Rental assistance payment: \$ _____

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

Name (Please Print)

Title (Please Print)

Signature

Date

Phone Number

MARITAL STATUS AFFIDAVIT

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

Applicant/Resident: _____ Unit #: _____

I hereby certify that my spouse is NOT a member of this household and WILL NOT be living in the apartment and I hereby certify that I am:

☐ Divorced ☐ Separated ☐ Widowed ☐ Estranged

Date of divorce/separation/etc.: _____

Spouses Name: _____

Choose one option:

☐ I am in possession of and can provide copies of legal documents to verify divorce, separation, etc.

☐ I am NOT in possession of and can provide copies of legal documents to verify divorce, separation, etc. Please state why:

Choose one option:

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

☐ I AM or I 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.

Choose one option:

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

☐ I have NOT been awarded income such as alimony, child support, or survivor benefits. 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.

Signature

Date



child support affidavit

I certify that the following is true regarding my current child support situation for: *(a separate form is required for each child)*

Child's Name	Child's Date of Birth
Head of Household Name	Unit Number

if you receive child support, please complete the section below that applies to this child

- ☐ I receive child support in the amount of \$ _____ per _____ (week/month/year).

If support is received, one of the following must be selected:

- ☐ My support is court-ordered (**court order must be attached**).
- ☐ My support is not court-ordered (provide contact information for person who provides support).

Support Provider Name: _____

Support Provider Telephone and/or Email: _____

if you don't receive child support, please complete the section below that applies to this child

- ☐ I do not receive child support, and it has not been court-ordered:

- ☐ I will be seeking a court order and/or I expect to receive child support payments within the next 12 months (**must explain below**).

- ☐ I will not be seeking a court order, nor do I expect to receive child support payments within the next 12 months (**must explain below**).

- ☐ I do not receive child support, but it has been court ordered (**provide court order, divorce decree, or separation agreement**):

- ☐ I have made efforts to collect the amount due, such as filing with the agency responsible for enforcing payments

- ☐ I have not made efforts to collect the amount due because (**must provide a reason**)

- | | |
|--|--|
| <input type="checkbox"/> Responsible party is deceased | <input type="checkbox"/> This is a protective custody case |
| <input type="checkbox"/> Responsible party's location is unknown | <input type="checkbox"/> Responsible party is incarcerated |
| <input type="checkbox"/> Other (describe): _____ | |

If forms are completed electronically, one of the following boxes must be checked:

- ☐ This form was completed electronically by the resident.
- ☐ Management or someone outside of household assisted completing the form electronically (Authorization to Assist is attached).

signature

By my signature below, I also certify that I understand it is my responsibility to notify the landlord of any changes to the status of child support.

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

Signature of Resident _____ Date _____

Printed Name of Resident _____

VERIFICATION OF CHILD SUPPORT

To:

Family Support Registry of Colorado

P.O. Box 2171

Denver, CO 80201-2171

Fax: 303 299-9122 or Email fsrcustomerservice@state.co.us

#1 Date: ____/____/____ by ____

#2 Date: ____/____/____ by ____

#3 Date: ____/____/____ by ____

Name:

SSN:

The above Applicant/Resident is applying to or participates in a housing program that requires verification of income/benefits/assistance prior to acceptance or continued residency compliance purposes. The individual has signed the release below giving you permission to supply us with information. The information provided will remain confidential. Please return the completed form to the email below.

I certify that this verification has been sent directly to the Family Support Registry of Colorado and was not hand-carried by the applicant/tenant or any other interested party.

Community Name

Date

Printed Name/Title of Owner/Agent

Signature of Owner/Agent

Community Name Address

Owner/Agent's email

Consent to Release Information:

My signature below authorizes the release of the requested information regarding my child support benefit information. Information obtained under this consent is limited to information that is no older than 12 months indicating account(s) history or written verification of no account(s) found for the above listed name.

Tenant/Applicant Signature

Last 4 SSN

Date

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