



Tenant Selection Plan

This is the condensed Tenant Selection Plan for Affordable Housing Network, Inc. (AHNI) emphasizing the application screening procedure only. **The full Tenant Selection Plan outlining the entire application process is available at the Cedar Valley office located at 3000 J Street SW, Cedar Rapids, IA 52404 or can be viewed online at the Affordable Housing Network Website affordablehousingnetwork.org under Do I Qualify.** Please review this information before completing the application. Falsification of information on the application will result in denial of residency and loss of application deposit as liquidated damages for our time and expense.

An application fee of \$15 per adult will be paid at the time of application or as required by property or program. A full application with signed releases will be required for each adult in the household. (this is new to remove the roommate statement) If application approved and applicant(s) moves into a unit the amount is application fee(s) will be credited back to household with the first month's rent. Upon receipt of a completed application, owners will secure background information on the applicant(s) considering the following factors:

Income Stability

- Stable employment for the past 3 months or proof of new hire with local company that verifies anticipated start date and salary.
- If self-employed, applicant must provide a minimum of 1 previous year's tax return for business' net income which shows sufficient to meet minimum income requirements.
- Income sources such as Child Support, Social Security Benefits, Unemployment Benefits, and Department of Human Services (FIP) will require applicant to provide most recent verification of benefits letter.

Rent to Income Ratio. The household's combined gross annual income cannot exceed the current income limits for the household size. These income limits are adjusted periodically.

- All applicants must have a verifiable income source or pay 6 months in advance.
- If receiving Section 8 Rent Assistance (Leased Housing) must provide a copy of your current Voucher to verify current eligibility of the program.
- If receiving Rent Assistance from any other type of Government Agency or Social Service Agency applicant must provide letter from agency that verifies amount and duration of assistance.
- Rent can not exceed between 33-40% of monthly Gross Income for the total household. This percentage is based on the tenant required utilities for each property. *(added total household and removed roommate sentence)*

Gas, Electric Water and Trash – Rent can not exceed 33% of Monthly Gross Income (Rent x 3.03 = Min. Income Limit)

Gas and Electric – Rent can not exceed 33% of Monthly Gross Income (Rent x 3.03 = Min. Income Limit)

Electricity only – Rent can not exceed 35% of Gross Income (Rent x 2.86 = Min. Income Limit)

All Utilities paid – Rent can not exceed 40% of Gross Monthly Income (Rent x 2.5 = Minimum Income Limit)

** For Example: \$540 (unit @ property where tenant pays gas and Electric) x 3.03= \$1636.00 is the minimum monthly income needed to be eligible for unit.

No Indebtedness to Owner/Management Agent. Applicant will be denied if the applicant owes any money to AHNI.

Rental History and Landlord References. Current and previous landlords (for past three (3) year period) will be contacted and questioned as to the applicant's:

- Rental History - Must have demonstrated ability to pay rent and utilities on a timely basis.
- Housekeeping habits, upkeep, and maintenance of residences must have been adequate during residency.
- Condition of unit at end of tenancy must have been satisfactory, normal wear and tear accepted. Any monies owed to the previous landlord, including but not limited to, unpaid rent, cleaning charges, utility charges, or damage charges must have been reimbursed to the previous landlord in their entirety.
- Demonstrated ability to abide by the terms of the lease, house rules, and subsidy program rules, if applicable. This includes not allowing unauthorized live-ins to reside in their unit.
- Demonstrated respect for the health, safety, and welfare of other residents (e.g., no disruptive behavior including excessive noise complaints, criminal activity, physical violence, not currently engaged in or previously convicted of the illegal use,

manufacture, or distribution of a controlled substance).

- f. Persons who do not have a traditional rental history in the most recent three (3) year period (due to having lived in a shelter, nursing home, community residence, halfway house, with parents or other non-regular, public or privately owned housing) will be asked to provide references at that housing.

Criminal & Civil Background Check. A criminal & civil background check will also be conducted on all adult applicants.

- a. Applicant will be automatically denied housing for felony charges such as assault, battery, deadly conduct, weapon charges, injury to child or elderly, kidnapping, manslaughter, murder, or robbery, in their lifetime.
- b. Applicant will be denied housing for any other felony charge in the past three (3) years.
- c. Applicant will be denied housing for misdemeanor drug related charges such as drug abuse, possession of marijuana, possession of paraphernalia within the last three (3) years.
- d. Applicant will be denied housing for any other serious/aggravated misdemeanor charge in the past three (3) years.
- e. Applicant will be denied housing for two or more alcohol related charges such as OWI, Public Intoxication or Consumption in the last three (3) years.
- f. If an applicant has been charged with one of the criminal offenses described above and has been given a deferred judgment, applicant will be denied housing until the charge has been completely expunged from their record. Applicants with a conviction, but deferred sentence, will be denied.
- g. Applicant must not have any evictions on report from any other landlord within the past three (3) years.
- h. Applicant must not have any unpaid judgments or collections regarding rentals.

State Sex Offender's Registry & Wanted Fugitives. Any applicant with any sex charge or conviction in his /her lifetime will be denied housing. Any member of the household who is subject to the state sex offender registration program will be denied housing. Any applicant or occupant will automatically be denied should their name appear on the list of known terrorists and wanted fugitives as provided by the Office of Foreign Asset Control (OFAC), federal agencies to include the FBI or other state and local law enforcement agencies.

Other Screening Considerations. On a case by case basis ANHI may request an additional deposit when the applicant is deficient in income stability or lacks positive rental history. AHNI will collaborate with Social Service Agencies to provide quality, affordable housing to clients in their programs. If their client does not meet all eligibility criteria and would otherwise be denied, the service provider must provide documentation to show where the deficient area(s) have been successfully addressed or complete a supportive housing agreement on how participation in their program will provide ongoing assistance as well as long term improvement in deficient area(s). AHNI will also work with collaborating agencies and accept deposit and/or rent assistance with written confirmation of their financial commitment at the time of application.

By signature below, the Applicant acknowledges that he/she has reviewed the Tenant Selection Plan, which includes reasons why the application may be denied. The Applicant understands that if he/she does not meet the rental selection criteria or fails to answer any question or gives false information, we may reject the application, retain fees allowed by statute and terminate any right of occupancy.

- If an applicant does not meet the eligibility criteria, they will be sent a letter stating the reasons that they have been denied. The applicant has the right to appeal the decision to AHNI; the appeal must be in writing, within 10 business days, and provide any supporting documentation to dispute the rejection. The applicant will be notified of AHNI's decision of the appeal within 10 business days of the date of the request.
- Applicant is not required to pay a deposit at the time of application. Applicant may opt to pay a deposit (equal to one month's rent) at the time of application in order to reserve a unit while the application is processed. Deposit to be paid by money order only. In the event the application is not approved, the deposit will be returned. Applicant acknowledges that once their application is approved the deposit is required to hold a unit, **without a deposit AHNI will not assign a unit or guarantee availability.**
 _____ (Please Initial)
- **After 48 hours of approval and payment of the deposit** the applicant acknowledges that they will forfeit the deposit in the event that they do not take possession of the unit for any reason. _____ (Please Initial)

APPLICANT SIGNATURE

DATE

APPLICANT SIGNATURE

DATE



****ADDITIONAL ADDENDUM TO THE IOWA QUESTIONNAIRE****
(ONE PER HOUSEHOLD OR UNRELATED ADULTS)

Phone # (s): _____ EMAIL: _____

****PLEASE PRINT. PLEASE ANSWER ALL QUESTIONS! Do not leave any space or blanks, write "NO or N/A" where appropriate.**** ****DO NOT USE WHITE OUT****

PART I - FAMILY COMPOSITION - To be completed by applicant

Directions to Applicant: Please complete the table below for each member of your household, whether or not those members are related. Include all members who you anticipate will live with you at least 50% of the time during the next 12 months. (A full time student is anyone who is enrolled for at least five calendar months for the number of hours or courses which are considered full-time attendance by that institution. The five calendar months need not be consecutive.)

Name <u>ALL</u> People to Occupy Unit LAST NAME FIRST MI	DOB	Age	Sex	Relationship	**Marital Status** (never been married, married, divorce, separated, widowed)**	Social Security #	Student? Yes or No
1.				HEAD			
2.							
3.							
4.							
5.							
6.							

** If Divorced or Separated please list the date(s): _____ **

Please complete the following questions:

If any member of the household has used another name, please list this below (maiden name, former name, etc)

Former name used	Current name used
Former name used	Current name used

1. Do you or any other adult members of the household anticipate a change to the current income information within the next 12 months (i.e. seeking employment, expecting child support/alimony, expecting a promotion, etc.)? If Yes please explain: _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Do all of the above household members reside in the household 100% of the time? If No, please list household members and why: _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

PART II – ADDITIONAL HOUSEHOLD INCOME: Do you or any one in your household have:

Income	Applicant Yes or No		Other Applicant Yes or No		Amount:
(3) Railroad Pension					\$
(4) Long Term Medical Care Insurance Payments in Excess of \$180.00 per day					\$
(5) Prepaid Debit Card (Direct Express, Net Spend, Relia Card, Citi Bank, Etc. – used for Child Support, Wages, VA Benefits, etc)					\$
Total Gross Annual Income from previous year (separate out if unrelated adults)					\$

PART III - EMPLOYMENT HISTORY - For all Adults 18 years and older:

6. Head's Current Employer:					
Date Hired:	Date terminated:		Supervisor:		
Salary: \$ _____	Circle One: Annually		Weekly	Bi-Weekly	Monthly
Employer Address: _____					
	City	State	Zip	Phone Number	

7. Head's Previous Employer:					
Date Hired:	Date terminated:		Supervisor:		
Salary: \$ _____	Circle One: Annually		Weekly	Bi-Weekly	Monthly
Employer Address: _____					
	City	State	Zip	Phone Number	

8. Spouse Current Employer:					
Date Hired:	Date terminated:		Supervisor:		
Salary: \$ _____	Circle One: Annually		Weekly	Bi-Weekly	Monthly
Employer Address: _____					
	City	State	Zip	Phone Number	

9. Spouse's Previous Employer:					
Date Hired:	Date terminated:		Supervisor:		
Salary: \$ _____	Circle One: Annually		Weekly	Bi-Weekly	Monthly
Employer Address: _____					
	City	State	Zip	Phone Number	

10. Other Applicant's Current Employer:					
Date Hired:	Date terminated:		Supervisor:		
Salary: \$ _____	Circle One: Annually		Weekly	Bi-Weekly	Monthly
Employer Address: _____					
	City	State	Zip	Phone Number	

11. Other Applicant's Previous Employer:					
Date Hired:	Date terminated:		Supervisor:		
Salary: \$ _____	Circle One: Annually		Weekly	Bi-Weekly	Monthly
Employer Address: _____					
	City	State	Zip	Phone Number	

PART IV – RENTAL HISTORY - To be completed by applicant

**12. Residence History: Current & Previous Landlords:
(Past 3 years residence including any owned by applicants.)**

Head Current Address	Rent/Month	Utilities/Month	Reason for Leaving
Landlord Name	Landlord Address		Landlord Phone
When did you move in: _____		When did you move out: _____	

Previous Address	Rent/Month	Utilities/Month	Reason for Leaving
Landlord Name	Landlord Address		Landlord Phone
When did you move in: _____		When did you move out: _____	

Previous Address	Rent/Month	Utilities/Month	Reason for Leaving
Landlord Name	Landlord Address		Landlord Phone
When did you move in: _____		When did you move out: _____	

**13. Residence History: Current & Previous Landlords for Co-Head or Applicant:
(Past 3 years residence including any owned by applicants.)**

Co-Head or Other Applicant's Current Address	Rent/Month	Utilities/Month	Reason for Leaving
Landlord Name	Landlord Address		Landlord Phone
When did you move in: _____		When did you move out: _____	

Previous Address	Rent/Month	Utilities/Month	Reason for Leaving
Landlord Name	Landlord Address		Landlord Phone
When did you move in: _____		When did you move out: _____	

Previous Address	Rent/Month	Utilities/Month	Reason for Leaving
Landlord Name	Landlord Address		Landlord Phone
When did you move in: _____		When did you move out: _____	

PART V - OTHER - To be completed by applicant

14. Do you have full custody of your child (ren)? Explain the custody arrangements: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
15. Have you ever been evicted? If yes, explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Have you filed for bankruptcy? If yes, explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
17. Have you ever been convicted of a felony? If yes, explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
18. Have you <u>ever</u> received rental assistance If yes, explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
19. Has your rental assistance ever been terminated for fraud, non-payment of rent or failure to recertify? If yes, explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
20. Will this be your only place of residence? If no, explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
21. What is the condition of your current housing? Standard _____ Unsafe or Unhealthy _____ No Indoor Plumbing/Kitchen _____ Currently without Housing _____ Living with Family or Friends _____	
22. Do you currently have a pet (s)? What Kind of pet(s) do you have? _____ Are they up to date on vaccinations? _____ Sayed or Neutered? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
23. Do you or anyone in the household smoke?	<input type="checkbox"/> Yes <input type="checkbox"/> No

PART VI – RESIDENT’S STATEMENT - To be completed by applicant

24. Do you have a legal right to be in the United States: (check one that applies)

____ Yes, because I am a United States Citizen

____ Yes, because I have valid documentation from the Bureau of Citizenship and Immigration Services (formerly The Immigration and Naturalization Service)

____ No

If you answered “Yes” because you are a non-U.S. citizen with valid documentation, you must provide documentation and complete paperwork required by the Department of Housing and Urban Development, so we can verify that you are a Non-Citizen with eligible immigration status.

PART VII – SPECIAL NEEDS - To be completed by applicant

25. Does anyone in your household have special needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
26. Special living accommodations required? If yes please explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

PART VIII – IN CASE OF EMERGENCY, NOTIFY: - To be completed by applicant

Name / Relationship	Address	Phone

****Before you complete this section of the application were all the questions on the previous pages completely answered? All blanks filled in? If not please go back through the application and complete the sections that were left blank.****

PART IX - RESIDENT'S STATEMENT - To be completed by applicant

I/we understand that the above information is being collected to determine my/our eligibility for residency. I/we authorize the owner/manager to verify all information provided on this Application/Certification and my/our signature is our consent to obtain such verification. I/we certify that I/we have revealed all assets currently held or previously disposed of and that I/we have no other assets than those listed on this form (other than personal property). I/we further certify that the statements made in this Application/Certification are true and complete to the best of my/our knowledge and belief and are aware that false statements are punishable under Federal law.

SIGNATURE OF ALL PARTIES TO THIS APPLICATION, 18 YEARS OR OLDER:

Applicant Signature (Head)	Date
Applicant Signature (Co-Head)	Date
Other Applicant Signature	Date
Other Applicant Signature	Date

****This section must be completed even if assistance was not needed****

Did anyone help and assist you in filling out this application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Signature of Head	Date
Signature of Spouse, Co-Head or Other Applicant	Date
Signature of person who assisted with application and their relationship to applicant.	Date
Reason for assistance:	

Signature of Owner's or Developer's
 Authorized Representative: _____ Date _____

Be Sure to Include with your Completed Application:

- Photo ID for all adults
- Social Security card for all household members
- Proof of income:
 - Employment: 3 consecutive months of check stubs
 - Child Support: All case numbers
 - Social Security / VA / Pension award letter (less than 90 days old)
 - Unemployment and FIP documentation (less than 90 days old)

VOLUNTARY INFORMATION

This information is being requested in accordance with federal regulations. This information is for reporting purposes only. The information will not be used in evaluation of your application or to discriminate against you in any way. You are not required to furnish this information, but are encouraged to do so.

I choose not to complete this questionnaire.

Name <u>ALL</u> People to Occupy Unit LAST NAME FIRST	Relationship	Racial –please see below *1	Ethnicity- Please see below *2	Disabled – please see below *3
1.	HEAD			
2.				
3.				
4.				
5.				
6.				
7.				
8.				

Racial*1

- 1 – White 2 – Black/African American 3 – American Indian/Alaska Native
 4 – Asian 5 – Native Hawaiian/Other Pacific Islander

Ethnicity*2

- 1 – Hispanic or Latino 2 – Not Hispanic or Latino

Disabled*3

- Yes No

Military Service

- Pre-Vietnam Era Vietnam Veteran
 Post-Vietnam Era Disabled Veteran

How did you hear about this housing opportunity?

- Newspaper Company Employee Professional Publication
 Job Fair Placement Office Web Site
 Other _____

THANK YOU FOR TAKING THE TIME TO FILL OUT THIS QUESTIONNAIRE!

Under \$5,000 Asset Certification*



For households who combined NET assets DO NOT exceed \$5,000.
 Complete one form per household; include assets from children of the household

Property Name:	IFA Project #:
Household Name:	BIN & Unit #:

1. My/our assets include:

(A) Cash Value**	(B) Int. Rate	(AxB) Annual Income	Source	(A) Cash Value**	(B) Int. Rate	(AxB) Annual Income	Source
			Savings Account				Checking Account
			Cash on Hand				Safety Deposit Box
			Certificates 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 Investments
(Name of Asset)							
			Whole Life Insurance Policies				
			Other Retirement/Pension Funds				
			Personal Property held as an Investment***				
			Any account only accessed through a debit card [#]				
			Other (Attach list if necessary)				

PLEASE NOTE: Certain Funds (e.g. Retirement, Pension, Trust) may or may not be (fully) accessible to you. Include only those amounts which are:

** 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, gems or coin collections, art, antique cars, etc. DO NOT include necessary personal property such as, but not necessarily limited to, household furniture, daily use of autos, clothing, assets of an active business, or special equipment for use of the disabled.

Do not count food stamp accounts or checking accounts already listed. Example: Payroll, Social Security or Welfare Accounts

2. Disposed Assets

(YES) (NO) I/We have disposed of assets for less than fair market value in the last 2 years. Examples would include such items as charitable donations or giving/selling assets (such as real estate) to family.

3. No Assets

(YES) I/We DO NOT have any assets at this time.

The Net Family Assets (as defined in CRF 813.102) above do not exceed \$5,000 AND the Annual Income from the Net Family asset is: \$ _____. This amount is included in the total Gross Annual Income.

Under penalty of perjury I certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understands that providing false information herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a Lease Agreement.

Applicant/Resident Signature

Date

Applicant/Resident Signature

Date

Applicant/Resident Signature

Date

Applicant/Resident Signature

Date

*May not be used for HOME/National Housing Trust Fund Full Recertification Requirements

Student Status Certification



Property Name:	
Household Name:	

Instructions for Use:

Pages 1 -3 are to be used when certifying or re-certifying a household for eligibility with the **HOME program**. Page 4 pertains to eligibility with the LIHTC program. You must use all four pages of the document if you are qualifying a tenant for a unit that is both a HOME and an LIHTC unit as the requirements are different for each. The household must qualify under both programs in order to be eligible to occupy a HOME/LIHTC unit.

Part 1: (If an LIHTC project only, skip to Page 4 & submit only Page 4)

Are any household members under age 24 and students (full- or part-time) at an institute of higher learning? (YES) (NO)

If "NO," sign and return the form to management. *No further action is necessary.*

If "YES," list all students in the table below, then sign (add an additional sheet if necessary.) Have EACH student or their parent/guardian complete PART 2. Complete PART 3 and 4 as the form directs.

	Student Name	Age	Name of Educational Institution	Date Range Attended or Planning to Attend	Full or Part-time
1.					<input type="checkbox"/> FT <input type="checkbox"/> PT
2.					<input type="checkbox"/> FT <input type="checkbox"/> PT
3.					<input type="checkbox"/> FT <input type="checkbox"/> PT
4.					<input type="checkbox"/> FT <input type="checkbox"/> PT
5.					<input type="checkbox"/> FT <input type="checkbox"/> PT
6.					<input type="checkbox"/> FT <input type="checkbox"/> PT

Applicant/Resident Signature	Date	Applicant/Resident Signature	Date
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Applicant/Resident Signature	Date	Applicant/Resident Signature	Date
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**HOME --Part I
For Office Use Only:**

Date Reviewed		Date Approved		Effective Date	
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Student Status Certification



Household Name:		Student Name:	
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Part 2

- A. I live with my parent(s) in the unit (YES) (NO)
- B. I am a veteran of the U.S. Military (YES) (NO)
- C. I am married (YES) (NO)
- D. I have a dependent child living with me in the unit (YES) (NO)
- E. I am disabled and was receiving Section 8 assistance as of 11/30/2005 (YES) (NO)

If "Yes" to any of the five of the above, sign the form and return to management. *No further action is necessary*
 If "NO" to all of the above, continue to **Part 3**:

Part 3

- A. I am of legal contract age in the State of Iowa (YES) (NO)
- B. I am not claimed as a dependent on any parent's tax returns (YES) (NO)
- C. My parent will supply an affidavit that they do not claim me on their tax returns and will also disclose any student financial assistance that they supply to me (YES) (NO)
- D. I have lived separate from my parents for at least a year in a home or apartment for which I am a leaseholder (not a dorm/student housing) (YES) (NO)

If "YES" to all four of the above statements, sign the form and return to management. *No further action is necessary.*
 If "NO" to any of the above, please complete **Part 4**:

Part 4

I am of legal contract age in the State of Iowa (Part 4 only applies if this is checked "Yes") (YES) (NO)
If no continue to Part 5

- 1. I have a dependent other than a spouse (for example, an elderly dependent parent) (YES) (NO)
- 2. I am a graduate or professional student (YES) (NO)
- 3. I am an emancipated minor (or was one before I became an adult) (YES) (NO)
- 4. I am (or was) an orphan or ward of the State or in foster care at any point since I was age 13 (YES) (NO)
- 5. During the current school year it has been established I am considered to be an unaccompanied homeless child or youth and self-supporting as defined by **1)** the McKinney-Vento Act, **2)** Runaway and Homeless Youth Act or **3)** a financial aid administrator (YES) (NO)

If "Yes" to any one of the five statements, sign the form and return to management. *No further action is necessary.*
 If "NO" to any of the above, continue to **Part 5**:

Student Status Certification



Part 5

A. I will complete an income certification, and my parents will also submit proof of income (YES) (NO)
 Please provide contact information for all parents below (add additional sheet if necessary)

	Parent Name	Address	City, State, Zip Code	Phone #	Email Address
1.					
2.					
3.					
4.					

 Applicant/Resident Signature Date

HOME –Parts 2-5
For Office Use Only:

Date Reviewed		Date Approved		Effective Date	
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ALIMONY/CHILD SUPPORT SELF-CERTIFICATION



*Complete one form per household member who is eligible to receive alimony and/or child support.
Please attach any court documentation you have that supports your position.*

Property Name:	IFA Project #:
Household Name:	BIN & Unit #:

Case Number(s) _____

List Covered Dependent(s) (if applicable) _____

		Amount	Frequency
1.	<input type="checkbox"/> I certify that I have been <u>awarded</u> the following amount of alimony and/or child support.	_____	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually
2.	<input type="checkbox"/> I certify that I <u>receive</u> the following amount of alimony and/or child support. <i>Please provide proof of payment (i.e. printout from DHS).</i>	_____	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually
3.	<input type="checkbox"/> I certify that I do not receive payments of awarded alimony and/or child support at this time and I do not expect to receive payments in the next 12 months. I have made reasonable attempts to collect the all support awarded. <i>Please provide documentation of attempts to collect court ordered support. This can be in the form of a narrative provided by the household member.</i>		
4.	<input type="checkbox"/> I certify that I have not been awarded alimony and/or child support and that I do not reasonably expect to receive payments in the next twelve months.		

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 information herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a Lease Agreement.

Applicant/Resident Signature

Date

Marital Status Certification

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

Project Name:		IFA Project #		Date:	
Applicant/Tenant:		SSN:		Apt. #	

My current marital status is: Married Single Divorced Widowed Separated

A. I am legally divorced and can provide a copy of my divorce decree (If Yes, please attach.) Yes No
 If No, I can provide documentation to prove I was not awarded child support or alimony Yes No

B. I am legally separated from my spouse and can provide a copy of my separation agreement Yes No
 If No, reasons for not pursuing legal action:

If No, future plans for pursuing legal action:

I currently receive spousal support from my spouse Yes No
 If yes, I receive this amount: _____ Per Week month Year

C. There are assets currently held in both names Yes No
 Please attach a list of all assets currently in both names (checking accounts, savings accounts, real estate, etc.)

I will report any and all changes to my living situation. This includes, but is not limited to, changes in my income, household composition and marital status. I will not allow my spouse or other individuals to move into my apartment without prior written approval from management. I understand that if I do, this will be a breach of my lease agreement and may be considered "other good cause" for eviction.

Applicant/Tenant Signature

Date

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

IFA Compliance Questionnaire



Complete one form per adult household member who will occupy the unit at time of move-in.

Property Name:	IFA Project #:
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Applicant's Name <i>First, Middle Initial, Last</i>	Relationship to Head of Household	Marital Status	Birth Date <i>Month, Date, year</i>

Current Address:	<i>Street Address (including Unit #, if applicable)</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
Daytime Tel #:		Evening Tel #:		
Email Address:				

Check either YES or NO to each question. If you respond "Yes" to any question, please provide a brief explanation in the space provided below the question. You may be required to supply additional documentation to verify your response.

HOUSEHOLD INFORMATION:	
<input type="checkbox"/> (YES) <input type="checkbox"/> (NO)	1. Do you expect any additions to the household within the next twelve months?
<input type="checkbox"/> (YES) <input type="checkbox"/> (NO)	2. Is there anyone living with you now who won't be living with you at this property?
<input type="checkbox"/> (YES) <input type="checkbox"/> (NO)	3. Do you have any minor children?

INCOME INFORMATION <i>Do you receive or expect to receive income in the next 12 months from any of the following sources:</i>	
<input type="checkbox"/> (YES) <input type="checkbox"/> (NO)	4. Social Security, SSI or other payments from the Social Security Administration?
<input type="checkbox"/> (YES) <input type="checkbox"/> (NO)	5. Employment pensions or retirement benefits, veteran's benefits or annuities?
<input type="checkbox"/> (YES) <input type="checkbox"/> (NO)	6. Employment wages or salaries (including overtime, bonuses, tips, commissions and cash)?
<input type="checkbox"/> (YES) <input type="checkbox"/> (NO)	7. Self-employment salaries (including overtime, bonuses, tips, commissions and cash)?
<input type="checkbox"/> (YES) <input type="checkbox"/> (NO)	8. Unemployment benefits or workman's compensation?
<input type="checkbox"/> (YES) <input type="checkbox"/> (NO)	9. Public assistance (General Relief, Aid to Families w/Dependent Children or other such support)?
<input type="checkbox"/> (YES) <input type="checkbox"/> (NO)	10. Court ordered alimony or child support?
<input type="checkbox"/> (YES) <input type="checkbox"/> (NO)	11. Alimony or child support paid directly from the payor that is not court-ordered?
<input type="checkbox"/> (YES) <input type="checkbox"/> (NO)	12. Regular payments from a severance package from a previous employer?
<input type="checkbox"/> (YES) <input type="checkbox"/> (NO)	13. Regular payments from any type of settlement (insurance settlement/award from lawsuit)?
<input type="checkbox"/> (YES) <input type="checkbox"/> (NO)	14. Regular payments as a member of the Armed Forces?
<input type="checkbox"/> (YES) <input type="checkbox"/> (NO)	15. Regular payments from disability, death benefits, trusts or life insurance dividends?
<input type="checkbox"/> (YES) <input type="checkbox"/> (NO)	16. Regular gifts or payments from anyone outside of the household (including cash or goods)?

IFA Compliance Questionnaire



<input type="checkbox"/>	(YES)	<input type="checkbox"/>	(NO)	17. Regular payments from lottery winnings or inheritance?
<input type="checkbox"/>	(YES)	<input type="checkbox"/>	(NO)	18. Regular payments from rental property (land contracts or other real estate transactions)?
<input type="checkbox"/>	(YES)	<input type="checkbox"/>	(NO)	19. Educational grants, scholarships or other student benefits?
<input type="checkbox"/>	(YES)	<input type="checkbox"/>	(NO)	20. Any other sources of income not listed?
<input type="checkbox"/>	(YES)	<input type="checkbox"/>	(NO)	21. Do you expect any changes to your income in the next twelve months?

ASSET INFORMATION: *An asset is defined as any lump sum amount that you hold and can currently access even though a financial penalty may be imposed.*

<input type="checkbox"/>	(YES)	<input type="checkbox"/>	(NO)	22. Checking accounts?
<input type="checkbox"/>	(YES)	<input type="checkbox"/>	(NO)	23. Savings accounts?
<input type="checkbox"/>	(YES)	<input type="checkbox"/>	(NO)	24. Certificates of deposit (CDs), money market accounts or treasury bills?
<input type="checkbox"/>	(YES)	<input type="checkbox"/>	(NO)	25. Stocks, bonds, mutual funds or securities?
<input type="checkbox"/>	(YES)	<input type="checkbox"/>	(NO)	26. Any capital gains (assets sold in excess of purchase price) during the previous 12 months?
<input type="checkbox"/>	(YES)	<input type="checkbox"/>	(NO)	27. Trust Funds?
<input type="checkbox"/>	(YES)	<input type="checkbox"/>	(NO)	28. IRA, KEOGH or other retirement accounts?
<input type="checkbox"/>	(YES)	<input type="checkbox"/>	(NO)	29. Cash on hand over \$500 (other than money previously reported in checking or savings)?
<input type="checkbox"/>	(YES)	<input type="checkbox"/>	(NO)	30. Real estate, rental property, (land contracts/contract for deed or other real estate holdings)?
<input type="checkbox"/>	(YES)	<input type="checkbox"/>	(NO)	31. Have you sold, disposed or given away any property in the last two years? (such as large charitable contributions over \$500 or real estate)
<input type="checkbox"/>	(YES)	<input type="checkbox"/>	(NO)	32. Personal property held as an investment (such as paintings, coins, art work or antiques)?
<input type="checkbox"/>	(YES)	<input type="checkbox"/>	(NO)	33. Whole or universal life insurance policies (not including term policies)?
<input type="checkbox"/>	(YES)	<input type="checkbox"/>	(NO)	34. Pre-Paid Debit Card (Store Value/EBT Card/Reliacard)
<input type="checkbox"/>	(YES)	<input type="checkbox"/>	(NO)	35. A safe deposit box with a monetary content of \$500 or more?

OTHER INFORMATION:		
<input type="checkbox"/> (YES) <input type="checkbox"/> (NO)	36.	Are you claiming ZERO Income?
<input type="checkbox"/> (YES) <input type="checkbox"/> (NO)	37.	Have you been a student during the current calendar year?
<input type="checkbox"/> (YES) <input type="checkbox"/> (NO)	38.	Are you currently a student or do you plan to be a student during the current calendar year?
<input type="checkbox"/> (YES) <input type="checkbox"/> (NO)	39.	Will you or anyone in your household require a live-in care attendant?
<input type="checkbox"/> (YES) <input type="checkbox"/> (NO)	40.	Will your household be receiving Section 8 rental assistance at the time of move-in?
<input type="checkbox"/> (YES) <input type="checkbox"/> (NO)	41.	Will your household apply for Section 8 rental assistance in the next 12 months?
<input type="checkbox"/> (YES) <input type="checkbox"/> (NO)	42.	Does your household have any needs that might be better served by an apartment that is accessible to persons with mobility or other impairments?

APPLICANT RESPONSIBILITIES:

All Questions that were answered "Yes" will need to be verified through the appropriate third-party sources. It will be your responsibility to provide management with all the necessary information to properly process your application and in the future, to verify your on-going eligibility as required. You will be asked to provide the names, addresses, phone number and fax numbers, account numbers (where applicable) and any other information that may be necessary in order to expedite the verification process.

Upon review of the information management receives, you will be provided with a separate verification form for each source that requires verification that you will need to sign and date. You will not be asked to sign a blanket verification form nor will you be asked to sign any blank verification forms.

SIGNATURE:

I understand that management is relying on this information to prove my household's eligibility which is required by the funding sources under which this property operates. I certify under penalty of perjury that all information and answers provided are true and complete to the best of my knowledge. I further understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may also result in criminal penalties.

I authorize my consent to have management verify the information contained in this application questionnaire and to perform a credit check and criminal background check for purposes of proving my eligibility for occupancy. I understand that my occupancy is also contingent on meeting management's resident selection criteria and other program requirements.

Applicant/Resident Signature

Date

AUTHORIZATION OF RELEASE OF INFORMATION FORM

TO: _____ DATE: _____

PHONE: _____

FAX: _____

Applicant/Participant Name: _____ Social Security #: _____

The individual named directly above is an applicant/tenant of the Federal Housing Tax Credit Program. Federal regulations require that we must verify income in order that the anticipated gross income for the next twelve months be calculated. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and would be greatly appreciated.

Sincerely, _____
Project Owner/Management Agent

RETURN THIS FORM TO:
Affordable Housing Network
3000 J Street SW
Cedar Rapids, IA 52404
Phone: 319-365-6247
Fax: 888-908-0198

Release of Information Signature

55

AUTHORIZATION:

I/we hereby authorize release of any information requested by Affordable Housing Network, Inc. (AHNI) regarding my/our credit and criminal information, income, assets, and allowances. I/We understand and agree that photocopies of this authorization may be used for the purpose stated above.

Applicant/Resident Signature

Date

Social Security Number(s)

Please print multiple copies if a release is needed for multiple applicants. Thank you!

TERMS AND CONDITIONS:

The above named organization, its subsidiaries or managing agents may obtain information regarding my credit and criminal information, income, assets, expenses, and household status for purposes of determining my eligibility for participation in the following affordable housing programs:

- Low Income Housing Tax Credit Program -- Section 42
- HUD Housing Assistance Payments Program -- Section 8
- RECD Rental Assistance Program -- Section 515

The information obtained will only be used for determining eligibility in said programs and will be kept confidential and not released outside of this scope.

This release for information will expire thirteen (13) months from the date of signature.

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 or to any matter within its jurisdiction.

CONSENT TO PERFORM CRIMINAL HISTORY BACKGROUND CHECK IN
COMPLIANCE WITH THE FCRA
(FAIR CREDIT REPORTING ACT)

This authorization and consent for release of personal information acknowledges that _____ (Hereafter referred to as "Company") and/or its agent, C4 Operations LLC may now, or at any time renting from conduct investigations whether the records are of a public, private or confidential nature. These investigations might include, but are not limited to, searches of educational institutions attended; state driving records; financial or credit institutions, including records of loans; records of commercial or retail credit agencies; other financial statements; records of previous employment, including work rental history, efficiency ratings, complaints and grievances filed by or against me; records and recollections of attorney-at-law or of other counsel, whether representing me or any other person (in either a civil or criminal case in which I have been involved); records from the U.S. Veterans' Administration; criminal history information of file in local, state or federal agencies; and motor vehicle records. I understand that these searches will be used to determine renting eligibility under the company's renting policies. Therefore, I authorize and consent for full release of records (either orally or in writing) to the authorized representatives of the company. In addition, I release and discharge the company and its agent and associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs expenses or any other charge or complaint filed with any agency arising from retrieving and reporting this information. I understand that according to the Federal Fair Credit Reporting Act, I am entitled to know whether occupancy was denied based upon the information obtained and to receive, upon written request, a disclosure of the background report. I also understand that I may request a copy of the report from C4 Operations LLC, 1201 Edgewood Rd SW, Cedar Rapids, IA 52404 at telephone number (319) 491-6300. After reading this document, I fully understand its contents and authorize the background verification.

Signed this _____ day of _____, 20_____

Applicant (Print Name)

Applicant Signature