



RENTAL APPLICATION FOR AFFORDABLE HOUSING

Property Name: _____

(Please print clearly)

All person 18 years or older (unless deemed otherwise by local jurisdiction) must be complete a separate application.

FOR OFFICE USE ONLY					
<input type="checkbox"/> Approved		<input type="checkbox"/> Declined		Date Notified:	
Leasing Consultant:					
Apartment Number:	Revised Apartment Number:	Apartment Size:	Move-in Date:		
Security Deposit:	Application Fee:	Lease Term:	Monthly Rent:	Revised Monthly Rent:	
Concession					

APPLICANT INFORMATION	
Full Name (First, Middle, Last):	Social Security Number:
Date of Birth:	
Marital Status:	Vehicles: Make/Color/License Plate
Driver's License Number:	Telephone Number:
Pets:	Size of Pet:
Student Status: circle one Full time Part time not a student	Email address

OTHERS TO RESIDE IN THE APARTMENT AND/OR ANYONE WHO MAY BE JOINING THE HOUSEHOLD IN THE NEXT 12 MONTHS					
FULL LEGAL NAME	RELATIONSHIP TO APPLICANT	DATE OF BIRTH	SEX	STUDENT Yes or No	OCCUPATION

RENTAL – Minimum of 24 months of rental/mortgage history			
Name of Current Landlord:	Monthly Rent:	Date Moved In:	Date Moved Out:
Address/City/State/Zip:			Telephone Number:

Previous Landlord (Immediately prior to current landlord)			
Name:	Monthly Rent:	Date Moved In:	Date Moved Out:
Address/City/State/Zip:			Telephone Number:



EMPLOYMENT HISTORY ON APPLICANT

Name of Current Employer:		Hire Date:	
Employment Address:		Telephone Number:	
Email:	Current Position:	Gross Monthly Income:	
Supervisor's Name:		Supervisor's Telephone Number:	

If current employment is less than 6 months, please complete the below

Name of Previous Employer:		Telephone Number:	
Previous Employer's Address:		Telephone Number:	
Email:	Position held with Previous Employer:	Gross Monthly Income:	
Hire date/ End date:	Previous Supervisor's Name:	Telephone Number:	

ANNUAL INCOME

Do you have income from or expect to have income from:

	Yes	No	\$
Employment			
Self-Employment			
Rental Income			
Social Security/Pensions			
Retirement/Annuity			
Contributions from Friends/Family			
Scholarships/grants/work study			
Unemployment			
Worker's Compensation			
Court Ordered Child Support/Alimony			
Do you receive child support/Alimony			
TANF/AFDC			
Veteran's Administration			
Other			

ASSETS

List all assets for you and for anyone else in the household under the age of 18 that you hold account for

Listing of All Assets			Cash Value	Annual interest or earnings from asset	Name of Financial Institution/Description of Asset
	Yes	No			
Checking Account(s)			\$	\$	
Savings Account(s)			\$	\$	
Stocks/Bonds			\$	\$	
CD/Money Market			\$	\$	
Mutual Funds			\$	\$	
IRA/401K Accounts			\$	\$	
Trust Fund			\$	\$	
Do you currently own a home or land or have you within the last two years?			\$	\$	
Debit/payment/direct express card			\$	\$	
Other			\$	\$	



BACKGROUND INFORMATION

Have you or any other prospective residents or occupants listed on this Application ever (check if applicable; you represent the answer is "NO" if you have not checked any item below):

been evicted or asked to move out? Y/N	broken a rental agreement or lease contract? Y/N
been or are currently delinquent to a previous landlord? Y/N	declared bankruptcy; if so, when? Y/N
been convicted for either a felony, a sex-related offense or a misdemeanor? Y/N if yes, please explain:	Received deferred adjudication for either a Felony, a sex related offense or a Misdemeanor? Y/N if yes please explain:
Been arrested for any crime which has/has not been fully adjudicated (by dismissal, acquittal, deferred adjudication or conviction)? Y/N if yes please explain:	

EMERGENCY Not living with you (preferably a relative over the age of 18 years):

Name:	Relationship:	Address:
Home Phone Number:	Work Phone Number:	

EMERGENCY Not living with you (preferably a relative over the age of 18 years):

Name:	Relationship:	Address:
Home Phone Number:	Work Phone Number:	

By signing this application for residency I acknowledge the following:

In the event that the Applicant becomes a resident in Owner's apartment community, Applicant's execution of this Application shall authorize the Owner, in the event of the Applicant's death to: (i) grant to the person designated above access to the Applicant's unit at a reasonable time and in the presence of the Owner or the Owner's agent; (ii) allow this person to remove any of the Applicant's property or any other contents found in the Applicant's unit or any of the Applicant's property located in the mailbox, storerooms or common areas; and (iii) refund the applicant's security deposit, less lawful deductions, to this person. Applicant also authorizes the Owner to allow this person access to remove all contents of the unit as well as property in the mailbox, storerooms and common areas in the event that Applicant becomes seriously ill.

AUTHORIZATION: Applicant represents that all of the above information is true and complete and authorizes the verification of the same and the performance of a credit check on Applicant as appropriate by all available means. In the event that Applicant provides any false or misleading information in the Application, Owner shall have the right to automatically reject this Application and the investigative consumer report includes information as to character, general reputation, personal characteristics, and mode of living, whichever are applicable, of the Application may be made and that any person on which an investigation consumer report will be made has the right to request a complete and accurate disclosure of the nature and scope of the investigation requested and also has the right to request a written summary of the person's right under The Fair Credit Reporting Act.

Applicant hereby authorizes the Owner or the Owner's Agent to obtain and hereby instructs any consumer reporting agency designated by Owner or Owner's Agent to furnish a consumer report under The Fair Credit Reporting Act to Owner or Owner's Agent to use such consumer report in attempting to collect any amount due and owing under this Application, the Applicant's lease (to be executed after Application approval) or for any other permissible purpose.

OWNER REPRESENTATIVE:

Name Printed

Date

APPLICANT:

Name Printed

Date



Application Deposit and Non-Refundable Fees:

Simultaneously with the execution of the application, Applicant has paid an application fee in the amount of \$ _____, a non-refundable application fee of \$ _____, and an administrative fee \$ _____. Total amount paid \$ _____.

SECURITY DEPOSIT: If my application is accepted, I understand the application deposit (for the Premises) will become my refundable security deposit upon meeting the terms of the lease and the community rules and regulations. If for any reason management decides to decline my application, then management will refund this good faith deposit, excluding the application fee, to me in full. If this application is approved, and I fail to occupy the premises on the agreed upon date, except for delay caused by construction or the holding over of a prior resident, I understand that management will assess damages against the deposit for the amount of rental loss of any expenses incurred due to my cancellation. As these costs are difficult to ascertain I agree to forfeit the premises security deposit as liquidated damages for the apartment I agree to occupy. A credit, eviction, and criminal background check will be done in order to qualify for residency. I have received, read, and understand the resident selection policy for the property at which I am applying. I hereby authorize the release of the information requested, including release of information by any bank or savings and loan, employer (present and former), and any lender. The application fee is not refundable at any time.

Application Deposit Credited to Security Deposit

In the event that this Application is approved by Owner and Applicant meets all other conditions of occupancy, executes an Apartment Lease Agreement with Owner as and when required by Owner, the Application Deposit shall be credited towards the security deposit identified in the Lease.

Application Deposit Refunded & Returned

If this Application is denied, the Application Deposit will be refunded to Applicant. If the Applicant is required to pay an additional Application Deposit in order to qualify for occupancy, the Applicant shall be deemed conditionally accepted prior to the payment of such additional Application Deposit. If the Applicant fails to pay the additional Application Deposit, the application will be considered as rejected and the original Application Deposit will be refunded to Applicant.

Application Deposit Retained by Owner

Owner shall be entitled to retain the Application Deposit as liquidated damages; in which case, all further obligations to lease the premises to Applicant shall be terminated if: (i) the Application is withdrawn, for any reason, after signing the Application; or (ii) the Application is accepted, but Applicant does not sign an Apartment Lease Agreement as and when required by Owner; or (iii) if the Applicant has provided false or misleading information within the Application.



RESIDENT ELIGIBILITY APPLICATION (REA)

Property Name: Meadow park Apartments Office Unit #: _____

Household Name: _____ Certification Type:

Current HH Size: _____ Effective Date of Certification: _____ Initial Certification

Number of Bedrooms: _____ Original Certification Date: _____ Re-Certification

THE FOLLOWING SECTION IS TO BE COMPLETED ENTIRELY BY THE APPLICANT/RESIDENT

DIRECTIONS: Please complete the table below listing each member of the household. Include all members who you anticipate will live in the unit at least 50% of the time during the next 12 months.

* This property has requested your Social Security number on this and other forms on behalf of the Washington State Housing Finance Commission. Internal Revenue Service regulations allow us to ask for this information. Your Social Security number will be used for income eligibility verification purposes only. Equivalent identification would be a Work Visa, Alien Registration Receipt Card, Temporary Resident Card, IRS Individual Taxpayer Identification Number (ITIN), or Employment Authorization Card. Failure to provide your Social Security number or equivalent number could hinder or delay this property's ability to review your application for housing.

** A full-time student is anyone currently enrolled, expects to become enrolled or was previously enrolled for any part of 5 months in the calendar year. The five months need not be consecutive. Include grades K-12, college, university, technical, trade and mechanical schools. International students on a student visa are considered full-time students.

HOUSEHOLD COMPOSITION:						
Hshld Mbr	First Name	Last Name	MI	Date of Birth <small>mm-dd-yyyy</small>	SSN <small>*Last 4 digits</small>	Student Status**
Head	_____	_____	_____	_____	_____	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A
2.	_____	_____	_____	_____	_____	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A
3.	_____	_____	_____	_____	_____	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A
4.	_____	_____	_____	_____	_____	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A
5.	_____	_____	_____	_____	_____	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A
6.	_____	_____	_____	_____	_____	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A
7.	_____	_____	_____	_____	_____	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A

Complete a separate section for each employment source

Household Member Name		Occupation		Employer Phone	
Name and Street Address of Employer			City	State	Zip Code
Date Hired	Salary	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other	Hours per week	Employer Fax or Email	

Household Member Name		Occupation		Employer Phone	
Name and Street Address of Employer			City	State	Zip Code
Date Hired	Salary	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other	Hours per week	Employer Fax or Email	

Property Name: Meadow park Apartments Office

Unit #: _____

Household Member Name: _____

	Yes	No		Annual Gross Income
12.	<input type="checkbox"/>	<input type="checkbox"/>	I am receiving income from a pension, annuity, retirement fund, insurance policy payments, death benefits or Veteran's Benefits (not GI Bill benefits). Source of Benefits: a.) _____ b.) _____	\$ _____ \$ _____
13.	<input type="checkbox"/>	<input type="checkbox"/>	I am receiving money regularly from family, church, friends, or any other form or regular/periodic income (such as rent and utility payments).	\$ _____
14.	<input type="checkbox"/>	<input type="checkbox"/>	I receive rental income (attach signed tax return with Schedule E).	\$ _____
15.	<input type="checkbox"/>	<input type="checkbox"/>	I hold a contract for real estate sold. If yes, provide a copy of the contract and an amortization schedule. (Only count interest portion of payment.)	\$ _____
16.	<input type="checkbox"/>	<input type="checkbox"/>	I have income or sources of income, other than those listed above. If yes, list type below: a.) _____ b.) _____	\$ _____ \$ _____

ASSET INFORMATION:

	Yes	No		Balance or Value	Interest Earned
17.	<input type="checkbox"/>	<input type="checkbox"/>	I have a checking account(s). If yes, list bank(s) a.) _____ b.) _____	\$ _____ \$ _____	\$ _____ \$ _____
18.	<input type="checkbox"/>	<input type="checkbox"/>	I have a savings account(s). If yes, list bank(s) a.) _____ b.) _____	\$ _____ \$ _____	\$ _____ \$ _____
19.	<input type="checkbox"/>	<input type="checkbox"/>	I have a Money Market account(s). If yes, list sources/bank names a.) _____ b.) _____	\$ _____ \$ _____	\$ _____ \$ _____
20.	<input type="checkbox"/>	<input type="checkbox"/>	I have treasury bills, certificate(s) of deposit (CDs), or stocks/bonds (NOT held in a retirement account). If yes, list sources/bank names a.) _____ b.) _____	\$ _____ \$ _____	\$ _____ \$ _____
21.	<input type="checkbox"/>	<input type="checkbox"/>	I have a trust fund. <input type="checkbox"/> Revocable <input type="checkbox"/> Non-Revocable If yes, list bank(s)/trustee _____	\$ _____	\$ _____
22.	<input type="checkbox"/>	<input type="checkbox"/>	I have an IRA/Keogh Account/401K. If yes, list financial entity(ies) a.) _____	\$ _____	\$ _____
23.	<input type="checkbox"/>	<input type="checkbox"/>	I have a pension or annuity asset. (NOT receiving income currently.) If Yes List banks a.) _____	\$ _____	\$ _____

Property Name: Meadow park Apartments Office Unit #: _____

Household Member Name: _____

	Yes	No		Balance or Value	Interest Earned
24.	<input type="checkbox"/>	<input type="checkbox"/>	I <input type="checkbox"/> own <input type="checkbox"/> or am in the process of selling or <input type="checkbox"/> have sold real estate in the last 2 years. If yes, attach explanations and supporting documentation.	\$ _____	\$ _____
25.	<input type="checkbox"/>	<input type="checkbox"/>	I have a whole life or universal life insurance policy. If yes, how many policies? _____	\$ _____	\$ _____
26.	<input type="checkbox"/>	<input type="checkbox"/>	I own personal property held strictly as investment assets (arts, coins, etc.) If "yes," attach appraisals.	\$ _____	\$ _____
27.	<input type="checkbox"/>	<input type="checkbox"/>	I have disposed of assets within the last two years for less than fair-market value. If "yes," attach explanation.	\$ _____	\$ _____
28.	<input type="checkbox"/>	<input type="checkbox"/>	I have online financial accounts, including but not limited to: Peer lending, real estate investing, robo investing, crypto currency. (Venmo, Pay Pal, Fundrise, Lending Club, Robinhood, Acorn, Stash, etc.) a.) _____ b.) _____	\$ _____ \$ _____	\$ _____ \$ _____
29.	<input type="checkbox"/>	<input type="checkbox"/>	I have funds not held in a financial institution.	\$ _____	\$ _____
30.	<input type="checkbox"/>	<input type="checkbox"/>	I have assets other than those listed above. If yes, list type below: a.) _____ b.) _____	\$ _____ \$ _____	\$ _____ \$ _____

I understand that any changes to my household income and/or composition after the date of my signature but prior to initial occupancy must be disclosed immediately to management staff.

Under penalty of perjury, I certify that the information presented in this application is true and accurate to the best of my knowledge and belief. I further understand that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of the lease agreement and/or prosecution.

Signatures must be those of the Applicant/Resident, except where Power of Attorney (POA) documentation authorizes another individual to sign legal documents. If so, copies of current POA, government-issued photo ID, and address and phone number of the POA must be included in the certification.

Applicant/Resident Signature

Print Applicant/Resident Name

Date

I certify that I have observed the above-signed Applicant/Resident complete, sign, and date this document.

Elizabeth Larios / Assistant Manager

Property Representative Signature

Print Property Representative name

Date

Reasonable Accommodation: If a third party is required to assist with the completion of this document, add their signature, printed name, relationship, phone number and date to the bottom of this page.

I certify that I have assisted the above-signed Applicant/Resident complete this document as a reasonable accommodation.

Third Party Signature

Print Third Party Name

Relationship

Phone #

Date

HOUSEHOLD DECLARATION SUPPLEMENT TO REA (for initial certifications only)

Property Name: Meadow park Apartments Office Unit: _____

Applicant/Resident Name: _____

The forms you are currently completing are for the Low-Income Housing Tax Credit or Bond Program governed by the Washington State Housing Finance Commission in compliance with Section 42 and 142 of IRS Code. These programs regulate the income limits of our rental households.

All household members over the age of eighteen must sign the forms; have their income and assets third-party verified and be on the lease.

As part of determining gross annual income, we are required to document temporarily absent household members including spouses (husband or wife), roommates, and dependants. Income of any temporarily absent household member must be included in the total household income. The income of a spouse, even if he/she will not reside in the apartment must be included when determining income, unless documentation of a legal separation is provided. Income of anyone anticipated to join the household within the initial six months of occupancy such as a fiancé or roommate must also be counted.

* Will anyone be residing in the unit not listed on page 1 of the *Rental Eligibility Application*?

Yes No If "Yes," identify the person and position in the household: _____

* Do any household members have a spouse who is not listed as a household member on page 1 of the *Rental Eligibility Application*?

Yes No If "Yes," please share the spouse's name and income information or provide legal separation documentation.

Spouses Name: _____ Source of Income: _____

* Will anyone be joining your household within six months?

Yes No If "Yes," complete the following:

Name: _____ When expected: _____ Source of Income: _____

I/We hereby declare that I/ have disclosed all current household members, the spouse of all household members, all roommates and anyone expected to join my/our household within the next six months. I/We understand that omitting any current household members, the spouse of any household member, any roommates or anyone expected to join my/our household within the next six months from the tenancy process is considered fraud and is grounds to terminate my/our household residency. I/We further understand that no one will be allowed to join my/our households without prior written approval.

Head of Household Signature

Date

Other Adult Household Member

Date

Other Adult Household Member

Date

HOUSEHOLD DEMOGRAPHICS

Property Name: Meadow park Apartments Office Unit #: _____

Household Name: _____

HOUSEHOLD COMPOSITION				RELATIONSHIP TO HEAD-OF-HOUSEHOLD						
Mbr #	FIRST NAME	LAST NAME	MI	Head	Spouse	Adult Co-Resident	Child	Foster Child/Adult	Live-in Caretaker	Other
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Check ALL that apply for each household member.							
(A) RACIAL CATEGORIES*	HOH Member #1	Member #2	Member #3	Member #4	Member #5	Member #6	Member #7
White	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Black or African American	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
American Indian or Alaska Native	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Native Hawaiian or Other Pacific Islander	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Choose Not to Disclose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Check one for each household member.							
(B) ETHNIC CATEGORIES*	HOH Member #1	Member #2	Member #3	Member #4	Member #5	Member #6	Member #7
Hispanic or Latino	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not Hispanic or Latino	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Choose Not to Disclose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(C) DISABILITY STATUS*	HOH Member #1	Member #2	Member #3	Member #4	Member #5	Member #6	Member #7
Are any household members disabled according to the Fair Housing Act? If "Yes," check box.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are any household members disabled according to the Fair Housing Act? If "No," check box.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Choose Not to Disclose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Please refer to the attached page for definitions of race, ethnicity, and disability.

Reasonable Accommodation: If a third party is required to assist with the completion of this document, add their signature and date, printed name, relationship and phone number to the bottom of this page.

Head of Household Signature	Date	Member #2 Signature	Date
Member #3 Signature	Date	Member #4 Signature	Date

THIS FORM TO BE COMPLETED BY APPLICANT/RESIDENT

You have applied for, or currently reside in, a rental housing unit located in a development operating under the "Low-Income Housing Tax Credit" (LIHTC) Program of Section 42 of the Internal Revenue Code. The collection of certain resident data is authorized by the Housing & Economic Recovery Act of 2008, and will be furnished to the U.S. Department of Housing & Urban Development (HUD). Each household must be offered the opportunity to disclose their race, ethnicity, and disability status. Parents/guardians are asked to disclose on behalf of all children in the household who are under the age of 18. There is no penalty for those households who do not wish to provide the requested information. However, all adult members (18 years or older) must sign/date at the bottom of this form as proof that the option to disclose was made available.

The following racial and ethnic definitions are modeled after the OMB-approved form, "Race and Ethnic Data Reporting Form" (HUD-27061), used by the U.S. Department of Housing and Urban Development (HUD):

A. Household members can select one or more of the following applicable racial definitions:

White - A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

Black or African American - A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."

American Indian or Alaska Native - A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

Asian - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Native Hawaiian or Other Pacific Islander - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

B. Household members can select one of the following applicable ethnic definitions:

Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."

Not Hispanic or Latino - A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

The following definition of "disabled" comes directly from the Fair Housing Act:

C. Per the Fair Housing Act, the definition of disabled is:

- A physical or mental impairment which substantially limits one or more major life activities; a record of such an impairment; or being regarded as having such an impairment. For a definition of "physical or mental impairment" and other terms used in this definition, please see 24 CFR 100.201, available at: http://www.fairhousing.com/index.cfm?method=page.display&pagename=regs_fhr_100-201.
- "Handicap" does not include current, illegal use of or addiction to a controlled substance.
- An individual shall not be considered to have a handicap solely because that individual is a transvestite.

AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

Property Name: Meadow park Apartments Office Unit: _____

As a condition of participating in an affordable housing program, I understand the property owner is required to initially and annually certify each resident's eligibility for such program. Consequently, I understand it is necessary for me to give authorization for specific income and asset information to be provided on one or more of the following forms:

- Employment Verification
- Social Security/Supplemental Security Income Benefits Verification
- Public Assistance Verification
- Unemployment Benefits Verification
- Military Pay Verification
- Pension Verification
- Annuity or Stock Verification
- Deposit Verification Request
- Student Status Verification
- Child Support verification (to be used if property management has their own form)

This Authorization is limited to the forms listed above and expires 180 days after the date of my signature below unless revoked in writing by me earlier. By my signature below, I authorize the representative individuals to disclose my specific income and asset information as requested on the forms above. No other information may be released without my express written authorization.

Notice to applicant/resident: Do not sign this document unless the authorized management agent's signature appears at the bottom of this page.

Signature of Applicant/Resident

Print Name of Applicant/Resident

Date

By the signature of its authorized management agent below, and in consideration for execution of this Authorization by the applicant/resident, property representative warrants the following:

1. Information requested on the above form is required and necessary to complete certification of the applicant/resident's eligibility to reside in the above housing property;
2. The information requested above will be used for no purpose other than determining such applicant/resident's eligibility; will be maintained as confidential personal information subject to disclosure only as required by proper administrative or judicial process, and will not be otherwise disclosed by the property owner or management; and
3. The property owner and management have instituted procedures that insure all personally identifiable information provided pursuant to this authorization will be maintained as (a) confidential personal information, (b) separate from that of other residents, and (c) using such physical and other security measures, including security measures for protection of records maintained in electronic or magnetic form, sufficient to protect such information from any unauthorized use, access, or disclosure.

Elizabeth Larios / Assistant manager

Signature of Authorized Management Agent

Print name of Agent

Date

EMPLOYMENT VERIFICATION

THIS SECTION TO BE COMPLETED BY MANAGEMENT AND SIGNED BY RESIDENT

This form must be mailed or faxed to the resident's employer by on-site personnel.
The resident cannot "hand carry" this form to his/her employer.

TO: (Name & address of employer)

1st Request _____
 2nd Request _____
 3rd Request _____
Fax #: _____
Attr: _____

RE: _____
Applicant/Resident Name Social Security Number Unit # (if assigned)

I hereby authorize release of my employment information

Signature of Applicant/Resident

Date

The individual named above is an applicant/resident of a housing program that requires verification of income. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

Elizabeth Larios / Assistant Manager

Management Agent

509-582-7071

Phone Number

Return Form To:

Meadow Park Apartment
1001 W 4th Ave, Kennewick WA 99336
Fax# 509-585-1292
Office # 509-582-7071

THIS SECTION TO BE COMPLETED BY EMPLOYER

Please use GROSS amounts and do not leave any sections blank; enter zero "0" or "N/A."

Employee Name: _____ Job Title: _____

Presently Employed: Yes Date First Employed: _____ No Last Date of Employment: _____

Current Gross Wages/Salary: \$ _____ (check one below) Average # of regular hours per week: _____

hourly weekly bi-weekly monthly semi-monthly yearly other: _____

Year-to-date gross earnings: \$ _____ from _____ through _____ # of Pay Periods included in YTD _____
(mm-dd-yy) (mm-dd-yy)

Overtime Rate: \$ _____ per hour Average # of overtime hours per week: _____

Shift Differential Rate: \$ _____ per hour Average # shift differential hours per week: _____

Commissions, bonuses, tips, other: \$ _____ (check one below) Included in Y-T-D figure above? Yes No

hourly weekly bi-weekly monthly semi-monthly yearly other: _____

List any anticipated increase in the employee's rate of pay within the next 12 months: _____ Effective Date: _____

Does the employee participate in a 401(k) Retirement account? Yes No Can employee access the account? Yes No

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

If no Social Security number was provided, did employer view picture identification? Yes No

Additional Remarks: _____

Employer's Signature

Employer's Printed Name and Title

Date

Employer (Company) Name

E-mail Address

Phone #

Fax #

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

www.wshfc.org/managers/forms-RC.htm
Employment Verification | Rev. January 2013

INCOME VERIFICATION/CLARIFICATION BY TELEPHONE

Property Name: Meadow park Apartments Office Unit: _____

Resident Name: _____

Employer (Company): _____ Phone Number: _____

Name and Title of Person Contacted: _____
Name Title

If this form is being used as an alternative to the *Employment Verification*, include back-up documentation (such as a copy of a pay stub).

If this form is being used to verify income, all blanks must be filled in, either with "N/A" or "would not disclose," etc. This will ensure that nothing has been overlooked, such as pay raises or bonuses. If you are using this form to **clarify** information you need only to complete what you are clarifying.

Only enter items that are being clarified.

Employee Name: _____ Job Title: _____

Presently Employed: Yes Date First Employed: _____ No Last Date of Employment: _____

Current Gross Wages/Salary: \$ _____ (check one below) Average # of regular hours per week: _____

hourly weekly bi-weekly monthly semi-monthly yearly other: _____

Year-to-date gross earnings: \$ _____ from _____ through _____ # of Pay Periods included in YTD _____
(mm-dd-yy) (mm-dd-yy)

Overtime Rate: \$ _____ per hour Average # of overtime hours per week: _____

Shift Differential Rate: \$ _____ per hour Average # shift differential hours per week: _____

Commissions, bonuses, tips, other: \$ _____ (check one below) Included in Y-T-D figure above? Yes No

hourly weekly bi-weekly monthly semi-monthly yearly other: _____

List any anticipated increase in the employee's rate of pay within the next 12 months: _____ Effective Date: _____

Does the employee participate in a 401(k) Retirement account? Yes No Can employee access the account? Yes No

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

If no Social Security number was provided, did employer view picture identification? Yes No

Additional Remarks: _____

This form was completed on: _____
Date

By: _____
Management Representative Signature

Elizabeth Larios / Assistant Manager
Print Name

CHILD SUPPORT AFFIDAVIT

Property Name: Meadow Park Apartments Office Unit: _____

I, Applicant/Resident Name: _____ do hereby attest to the following:

Select the appropriate statements (list each child once):

- i. I am not entitled to receive child support under any court order or non-court agreement and I am not in the process of seeking any monies for child support for the following child/children living in my household: _____
- ii. I am not currently entitled to receive any child support under any court or other agreement. However, I believe I will receive such an order within the next 12 months. I expect to receive \$ _____ per month, commencing on _____, 20__ for the following child/children: _____
- iii. I am entitled to receive child support under a court order or other agreement in the amount of \$ _____ per month for the following child/children: (Attach applicable agreement – i.e., divorce decree) _____
- Notwithstanding the above, I expect to receive no more than \$ _____ over the next 12 months because: _____

If court ordered, I have made all reasonable efforts to collect the monies due me.
(Attached documentation proving efforts to collect.)

I understand that this affidavit is made as part of the qualification procedure to determine the eligibility of residency at the above-referenced property and that any misrepresentation herein will be considered a material breach of the lease agreement and subject me to immediate eviction. I will notify management of any changes in the status of my child support. Under penalties of perjury, I certify the above representations to be true as of the signature date below.

Signature of Applicant/Resident

Date

NOTE: Sign in Presence of Notary

STATE OF WASHINGTON)
) ss.
COUNTY OF)

On this _____ day of _____, _____, personally appeared before me _____ to me known to be the individual described in and who executed the within and foregoing instrument, and acknowledged to me under oath that she/he signed the same of her/his free and voluntary act and deed, for uses and purposes therein mentioned.

WITNESS my hand and official seal hereto affixed the day and year first above written.

NOTARY PUBLIC in and for the State of Washington

Residing at: _____

Printed Name: _____

My Commission expires: _____

GIFT AFFIDAVIT

Property Name: Meadow Park Apartments Office Unit: _____

Applicant/Resident Name: _____

I, _____, residing at _____

Name

Street Address

_____, do hereby certify that I give / receive the sum of _____

City

State

Zip Code

(CIRCLE ONE)

\$ _____ in the form of (i.e. gift, etc.) _____

and I further certify that this income is of a recurring nature:

- weekly
- monthly
- annually

Signature

Date

NOTE: Sign in Presence of Notary Only

STATE OF WASHINGTON)
)
COUNTY OF) ss.

On this _____ day of _____, _____, personally appeared before me _____, to me known to be the individual described in and who executed the within and foregoing instrument, and acknowledged to me under oath that she/he signed the same of her/his free and voluntary act and deed, for uses and purposes therein mentioned.

WITNESS my hand and official seal hereto affixed the day and year first above written.

NOTARY PUBLIC in and for the state of Washington

Residing at: _____

Printed Name: _____

My Commission expires: _____

ZERO INCOME CERTIFICATION
(To be completed by adult household members.)

Property Name: Meadow Park Apartments Unit: _____

Resident Name: _____

1. I hereby certify that I do not individually receive income from any of the following sources:
 - a. Wages from employment (including commissions, tips, bonuses, fees, etc.).
 - b. Income from operation of a business.
 - c. Rental income from real or personal property.
 - d. Interest or dividends from assets.
 - e. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits.
 - f. Unemployment or disability payments.
 - g. Public assistance payments.
 - h. Periodic allowances such as alimony, child support, or gifts received from persons not living in my household.
 - i. Sales from self-employed resources (Avon, Mary Kay, EBay, etc.).
 - j. Any other source not named above.
2. I currently have no income of any kind and there is no imminent change expected in my financial status or employment status during the next 12 months.
3. I will be using the following sources of funds to pay for rent and other necessities:

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

Signature of Applicant/Resident

Date

DEPOSIT VERIFICATION REQUEST

Property Name: Meadow Park Apartments **Unit:** _____

The undersigned applicant has applied for a rental unit located in a property financed under a Washington State Housing Finance Commission ("Multifamily Program"). The Commission requires the housing owner to verify all information that is used in determining this person's eligibility.

The applicant/resident has consented to this release of information as evidenced by his/her signature below.

Parts II and III to be completed by depository. The form is not to be transmitted through the applicant(s) or any other party.

Part I - Request

To (Name and Address of Depository)	Requestor (Name and Address of Project)		
Attn: _____ Fax #: _____			
_____ Signature of Requestor	_____ Title		
_____ Date	_____ Phone #		
VERIFY:			
Type of Account	Account in Name of	Account Number	Balance
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
Name and Address of Applicant(s)		_____ Signature of Applicant	
		_____ Social Security Number	

TO BE COMPLETED BY DEPOSITORY

Part II - Verification of Depository

DEPOSIT ACCOUNTS of APPLICANT(S):				
Type of Account	Account Number	Current Balance	Average Balance for Previous 6 Months	Interest Rate
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____

Part III - Authorized Signature

Section 1001 of Title 18 of US Code makes it a criminal offense to make willful false statements or misrepresentation to any department or agency of the US as to any matter within its jurisdiction.

_____ Signature of Representative	_____ Title	_____ Date
_____ Print Name	_____ Phone #	

UNDER \$5,000 ASSET CERTIFICATION OR SWORN STATEMENT OF NET HOUSEHOLD ASSETS

Included for your use is a Sworn Statement of Net Household Assets ("Sworn Statement") with the Definition of Net Household Assets as described in 24 CFR 813.102. Revenue Procedure 94-65 of the Internal Revenue Code requires this form to be used by residents, whose net household assets are less than \$5,000, to meet the asset requirements of the tax credit program.

Owners and managers should be aware that this form is only to be used to satisfy requirements for income from assets. Furthermore, the owner and management company should be aware that you may not rely on this statement if a reasonable person in the owner's or management company's position would conclude the resident's asset income is higher than the annual asset income represented in the application. In this case, you must obtain other documentation of the resident's annual asset income to satisfy program requirements.

Each potential or existing qualified resident whose net household assets are less than \$5,000 is required to read and sign the Sworn Statement. **A copy of the Definition of Net Household Assets must be attached to the Sworn Statement.** The original signed statement must remain with your files.

The Commission will review the sworn statement and other income documentation for qualification and signatures when reviewing project documentation.

DEFINITION OF NET HOUSEHOLD ASSETS 24 CFR 813.102

Net Household Assets means the cash value, after deducting reasonable costs, that would be incurred in disposing of real property, savings, stocks, bonds, and other forms of capital investments, excluding interests in Indian trust land and the equity in a housing cooperative unit or in a manufactured home in which the household resides. The value of necessary items of personal property such as furniture and automobiles shall be excluded. (In case where a trust fund has been established and the trust is not revocable by, or under the control of, any member of the family or household, the value of the trust fund will not be considered an asset so long as the fund continues to be held in trust. Any income distributed from the trust fund shall be counted when determining Annual Income under 813.106.) In determining net household assets, owners shall include the value of any business for household assets disposed of by an applicant or resident for less than fair-market value (including a disposition in trust, but not in a foreclosure or bankruptcy sale) during the two years preceding the date of application for the program or re-examination, as applicable, in excess of the consideration of a disposition as part of a separation received thereof. In the case of a disposition as part of a separation or divorce settlement, the disposition will not be considered to be for less than fair-market value if the applicant or resident receives important consideration not measurable in dollar terms.

Applicant's/Resident's
Initial Here

Date

Applicant's/Resident's
Initial Here

Date

Applicant's/Resident's
Initial Here

Date

**UNDER \$5,000 ASSET CERTIFICATION OR
SWORN STATEMENT OF NET HOUSEHOLD ASSETS**

(NOTE: If assets exceed \$5,000, interest/dividends from assets received must be verified.)

Property Name: Meadow Park Apartments **Unit:** _____

Applicant's/Resident's Full Name

Applicant's/Resident's Full Name

Applicant's/Resident's Full Name

I/We do hereby swear under penalty of perjury that each of the following statements are true:

I/We have reviewed the definition of Net Household Assets attached to this statement. The definition is found in 24 Code of the Federal Regulations 813.102 (which provides definitions for the HUD Section 8 program.) I understand that Net Household Assets includes, but is not limited to, any monies in banks, credit union accounts, real estate, stocks or bonds, retirement funds, certificates of deposit, personal property such as coin collections, gems, jewelry or antiques used for investment.

Please complete below:

**My/Our Net Household Assets do not exceed \$5,000.
The income I/We received from these assets is:**

\$ _____

Applicant's/Resident's Signature

Date

Applicant's/Resident's Signature

Date

Applicant's/Resident's Signature

Date

DISABILITY STATUS CERTIFICATION

Property Name: Meadow Park Apartments Office Unit: _____

Applicant Name: _____

A number of units at this property have been set aside for persons with disabilities. "Disability" is defined as a **physical or mental impairment that substantially limits one or more of the major life activities of an individual, such as not being able to care for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, or learning.**

Applicant:

Please check one of the boxes below.

- YES - I or one of my household members is a person with a disability (as defined above).
Name of qualifying household member: _____
- NO - Neither I nor any of my household members is a person with a disability (as defined above).
- N/A - I choose not to disclose.

Signature of Applicant

Date

Property Manager:

If applicant checked "YES", obtain a completed copy of the Commission's *Disability Verification* form or written verification from the applicant's physician, relative, social worker, or caregiver. The verification should confirm that the applicant/household member is a person with a disability (as defined above). The verification must not describe the nature of the disability.

STUDENT CERTIFICATION

(For All Projects Regardless of Funding)

Property Name: Meadow Park Apartments Office Unit: _____

Head of Household Name: _____

Check A, B, or C, as applicable (note that students include those attending public or private elementary schools, middle or junior high schools, senior high schools, colleges, universities, technical, trade, or mechanical schools, but does not include those attending on-the-job training courses):

- A. Household contains at least one occupant who is *not* a student, has not been a student, and will not be a student for five or more months during the current and/or upcoming calendar year (months need not be consecutive). If this item is checked, no further information is needed.
- B. Household contains all students, but is qualified because the following occupant(s) _____ is/are a part-time student(s). Documentation of part-time student status is required for at least one member of the household.
- C. Household contains all fulltime students for five or more months during the current and/or upcoming calendar year (months need not be consecutive). If this item is checked, questions 1-5 below must be completed:

	YES	NO
1. Is at least one student receiving assistance under Title IV of the Social Security Act which includes but is not limited to TANF (Temporary Assistance for Needy Families)?	<input type="checkbox"/>	<input type="checkbox"/>
2. Does at least one student participate in a program receiving assistance under the Workforce Innovation and Opportunity Act or under other similar, federal, state or local laws? (Attach documentation of participation.)	<input type="checkbox"/>	<input type="checkbox"/>
3. Is at least one student a single parent with child(ren) and this parent is not a dependent of another individual and the child(ren) is/are not dependent(s) of someone other than another parent? A signed copy of the last year's federal tax return OR the <i>Student Exception Affidavit</i> must be attached.	<input type="checkbox"/>	<input type="checkbox"/>
4. Are the students married and entitled to file a joint tax return? (Provide copy of tax return or marriage license.)	<input type="checkbox"/>	<input type="checkbox"/>
5. Was at least one student previously under the care and placement responsibility of the state agency responsible for administering foster care? (Provide documentation of previous participation.)	<input type="checkbox"/>	<input type="checkbox"/>

Household composed entirely of fulltime students that are income eligible and satisfy one or more of the above conditions are considered eligible. If questions 1-5 are marked NO, or verification does not support the exception indicated, the household is considered an ineligible student household.

I agree to notify management immediately if my student status changes. I understand changes in student status may affect my eligibility to participate in this program.

I hereby certify the information provided above is accurate and complete to the best of my knowledge. I consent to release such information in order to comply with program regulations. I understand providing false or misleading information may subject me to criminal penalties.

Head of Household Signature

Date

NOTE: Section 1001 of Title 18 of 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.

TAX CREDIT LEASE RIDER
(to be attached to resident lease)

Property Name: Meadow Park Apartments Office Unit: _____

Applicant/Resident Name: _____

Dear Applicant or Existing Resident:

Summary

The owner(s) of this property rents residential units under the federal Low-Income Housing Tax Credit Program (the "program") as administered by the Washington State Housing Finance Commission (the "Commission"). Under the program, the owner(s) can qualify for federal IRS tax credits by renting some or all of the units in the property to low-income households and restricting the rents for those units. In addition the owner **may** have agreed to reserve some of the units in the property for households or persons with special needs. (See the special-needs section below.) This rider was prepared to help residents understand the program.

Income and Rent Limits

The Commission gives the owner(s) new income and rent limit tables each year. This property has agreed to reserve some or all of the units for households at or below the 30, 35, 40, 45, 50 or 60% income limits found on these tables. The rent tables show the maximum rent a property can charge for a unit based on a household's income, number of bedrooms in the unit or the number of people in the household. Some properties have more than one income limit. Ask the property representative for specific information.

Annual Recertification

To be eligible for a rent- and income-restricted unit, all income and assets of any household members 18 years and older must be documented and verified. The owner(s) or manager of this property will give you the required forms to declare and verify income and assets from all sources. They **may** also ask you for supporting documentation. The program requires each existing household to **recertify** or complete a new set of the required forms at least once every 12 months.

Since this program involves IRS tax credits, the Commission and everyone involved with this program is under growing pressure to prevent fraud. Your forms must be prepared carefully, with every question answered. Annually, you will be signing a document under penalty of perjury, saying that the information and verifications submitted are correct. Households who do not properly complete their paperwork **may not** qualify for residency or **may** be required to vacate their income- and rent-restricted unit.

A property that has more than one income/rent limit **can** switch a household to a higher or lower income/rent limit, based on the household's income at recertification. Ask the property representative for specific information.

Special Needs

The owner(s) of this property may have chosen to reserve some of the program units for households that have special needs. Units could be reserved for households that meet the program definition for large household, disabled, elderly, homeless housing or farmworker. Households or individuals applying for one of these special needs units will be required to verify their eligibility. Ask your property representative for specific information.

Fulltime Student Households

A household where each member is a full-time student may not qualify for an income- and rent-restricted unit. A household where everyone becomes a full-time student after move-in may no longer qualify for an income- and rent-restricted unit. I agree to notify management immediately if my student status changes. Any change in student status (for you or any other household member) could affect your eligibility to participate in this program. Ask your property representative for specific information.

Property Standards

The property must comply with federal housing policy governing nondiscrimination and accessibility. In making an apartment available, the owner(s) cannot discriminate against you because of your race, creed, color, sex, national origin, marital status, age, disability or familial status. Furthermore, the owner(s) cannot discriminate against you based on the sources of your income (including Section 8 subsidy), provided the sources of income do not violate any federal, state or local law. Additional state, local laws or ordinances may also apply. When selecting residents, the owner(s) cannot apply standards to a potential resident that are more burdensome than standards applied to any other potential or existing resident.

Good Cause Evictions/Nonrenewals

The owner is prohibited from evicting you, and is prohibited from refusing to renew your lease or rental agreement, other than for "good cause." Generally, good cause shall mean the serious or repeated violation of material terms of the lease or a condition that makes your unit uninhabitable. Any termination or non-renewal notice must state the specific factual violations. Under federal law, you have the right to enforce this requirement in state court as a defense to any eviction action brought against you.

By signing below, I am indicating I have read and discussed information included in this lease rider. I have been given a copy of this lease rider along with my lease.

Elizabeth Larios / Assistant Manager

_____	_____	_____
Print Property Representative Name	Property Representative Signature	Date
		509-582-7071
		Phone Number

If you have questions about this form contact the property representative at:

_____	_____	_____
Print Applicant/Resident Name	Applicant/Resident Signature	Date
_____	_____	_____
Print Applicant/Resident Name	Applicant/Resident Signature	Date
_____	_____	_____
Print Applicant/Resident Name	Applicant/Resident Signature	Date

AFFORDABLE HOUSING ADDENDUM

This Affordable Housing Addendum ("Addendum") is entered into by and between _____ ("Resident") and **Meadow Park Apartments** ("Owner"), through its agent and serves as an addendum to the lease agreement dated _____ ("Lease") for the premises located at **1001 4th Ave, # Kennewick, WA 99336** ("Premises").

1. **Participation in Program.** Resident is a participant of the **Washington State HC** Affordable Housing Program ("Program"). The terms of the Lease and Resident's tenancy are made in accordance with the requirements of the Program and any related restrictions or requirements.
2. **Domicile of Resident.** The Resident must occupy the Premises as his/her only domicile.
3. **Sublease Prohibition.** Subleasing is prohibited and Resident shall not sublease, assign or transfer any rights or interest in the Premises or the Lease, in whole or part, to any other person or entity, for any duration whatsoever.
4. **Certification of Accuracy.** Resident certifies and warrants that all of the information contained within, provided as part of, provided in support of Resident's application, provided as part of the application process, and/or used to determine Resident's eligibility for the Program is complete, true and accurate. Resident acknowledges that Resident has knowingly and voluntarily provided all such information. Resident agrees that if such information is false or misleading in any material respect Resident shall have committed a material breach of the Lease which said breach is not remediable.
5. **Initial Certification.** Resident must be initially certified for occupancy and will be re-certified annually thereafter. Upon request by Owner, Resident must promptly complete the certification process. This may include, without limitation, an interview with Owner's managing agent to determine eligibility; verification of all income, asset and other eligibility information; and signing a new Income Certification Form. It is Resident's responsibility to provide all necessary information so the Owner's managing agent may perform this task. Acceptable documents that may be requested by Owner for this purpose include, but are not limited to, birth certificates for each minor child who will occupy the Premises; copies of social security cards or numbers; copy of a driver's license, or other acceptable means of identification; federal and state income tax returns and W-2 or 1099 Internal Revenue Service forms (or their equivalent) for Resident and the other members of the Resident's household for the calendar year prior to the year in which any such request is made; and/or such additional or substitute information as Owner or its agent may request. Resident authorizes Owner to verify all sources of income in the household. Resident certifies that such certifications and proofs are true and accurate, and that the total annual income of all the members of Resident's household who occupy the Premises does not exceed the amount set forth in such certification.
6. **Annual Income Verification.** Resident shall continue to comply with the Program's income eligibility criteria established by **LIHTC** (Agency with Jurisdiction over the program) or its designee during the course of the tenancy. Resident shall promptly comply with all requests from Owner or **LIHTC** (Agency with jurisdiction over the program) to provide certification, information or other documentation as necessary to determine whether the Resident qualifies or continues to qualify for the Program. Failure to provide truthful or accurate information regarding eligibility or income requirements (regardless of whether such inaccuracy is intentional or unintentional) or the refusal to comply with the request for information with respect thereto, shall be deemed a violation of this Lease provision, and a material breach of the Lease and shall constitute cause for immediate termination of Resident's right to occupy the Premises or the Lease.

Owner may contact Resident any time prior to the annual certification date to begin processing the necessary paperwork. It will be the responsibility of the Resident to cooperate fully and provide all necessary information to expedite this process pursuant to the request. Resident is obligated to provide such subsequent recertification of family composition and documents as Owner shall require, including but not limited to the documents named above in paragraph 5. Resident authorizes Owner to verify all sources of income in the household. Resident certifies that such certifications and proofs are true and accurate, and that the total annual income of all the members of Resident's household who occupy the Premises does not exceed the amount set forth in such certification. Failure to provide the necessary information may result in the non-renewal of the Lease.
7. **Household Changes.** Resident agrees that the Premises shall only be occupied by those individuals who are both (a) listed on the most recent certification and (b) authorized to reside in the Premises by Owner as stated in the Lease. If, at any time, the occupancy status of the household changes, the Resident must notify Owner in writing and complete another certification at the current area median income level as governed by the applicable regulations. Resident understands that if the number of household members should increase or decrease so that the household size is in conflict with the occupancy criteria established for this Community, the household will be required to move to the appropriate size unit within thirty (30) days of a unit being available or will be required to move from this Community. If there is no appropriate size unit, or if the household income exceeds the maximum allowable income limit then Resident may be required to move from the Premises.

8. **Rental Adjustments.** The Maximum Allowable Rental Rates and other allowances are reviewed by the appropriate agencies and adjusted to reflect changes in certain criteria as defined by local ordinance and/or law. Owner reserves the right to adjust the rental rate identified on page one of the Lease in accordance with these published changes by giving the Resident at least 30 days' prior written notice and Resident shall be obligated to pay such changed rate as provided in Owner's Notice of Change of Terms. Additionally, Owner reserves the right to bill residents individually for utilities if metering devices are installed and deduct the appropriate utility allowance from the total rent. Resident understands that such changes may occur during the term of the Lease.
9. **Student Status.** Resident(s) understands that if any time the household is comprised solely of full-time students and the household does not meet the provisions set forth in IRS Sec.42 (i) (3) (d), the household will no longer be eligible for a Tax Credit or Bond (or any other program governed by the student rule) unit. By signing this Addendum, you agree that you have fully, truthfully and accurately disclosed whether you or any occupant of the household are, or will be, students during all or part of the year. You also agree to immediately notify the Owner in writing should there be any changes in student status of any resident/occupant of the household.
10. **Termination for Non-Compliance.** It is specifically agreed that each term, condition and obligation of this Addendum, as well as the Lease, application and certification, is material. Any violation of these terms, conditions or obligations, or misrepresentation of any information, shall constitute a material breach of the Lease. Resident is fully aware that this Lease may not be canceled or otherwise terminated by Resident prior to its expiration without the written consent of the Owner. Abandonment of the Premises or termination of Resident's right to possession of the Premises for breach of this Addendum or Lease will not release Resident from the obligation to pay future rent. For rental properties participating in Affordable Housing programs it is understood that the Owner may not evict a resident or terminate a tenancy except for good cause.
11. **No Lien for Unpaid Sums.** Unless otherwise expressly provided by law, we shall not have a lien on your property for unpaid rent or other sums, except that we will have a lien to cover packing, removal and storage charges for property left in the dwelling after you move out. This paragraph overrides any contrary provisions contained in the Lease Agreement.
12. **Conflict with Governing Law.** To the extent that any part of your Lease Agreement or this Addendum conflicts with applicable federal, state, or local laws or regulations, the law or regulation overrides that portion of your Lease Agreement or this addendum.
13. **Elimination of Jury Waiver.** Any provision in the Lease Agreement that waives a trial by jury is hereby deleted and unenforceable.
14. **Miscellaneous.** The terms and conditions of this Addendum shall supersede the terms and conditions of the Lease if they are found to be inconsistent. Unless otherwise indicated, the terms used herein shall have the same meaning ascribed thereto in the main body of the Lease. This Addendum shall be construed and enforced in accordance with and governed by the laws of the state in which in the Premises is located. The Addendum may be modified, amended or rescinded by Owner upon 30-day written notice to Resident.

Special Provisions. The following special provisions control over conflicting provision of this printed form:

Properties located in the City of Seattle only: Affordable Housing Requirements: Information about affordable housing requirements pursuant to SMC Chapter 5.73 is available from the City's Office of Housing.

Properties located in the **State of California** only: **Over-Income-** Resident understands that Resident may no longer be eligible for occupancy in this apartment community's Affordable Housing program if Resident's income exceeds the maximum allowable adjusted area median income (AMI) as defined by the AMI Income Limits set forth by the federal Department of Housing and Urban Development (HUD) or the appropriate agency that governs the program.

RESIDENT(S):

Date: _____
 Date: _____
 Date: _____
 Date: _____

OWNER'S REPRESENTATIVE

Date: _____

LEASE ADDENDUM

VIOLENCE AGAINST WOMEN AND JUSTICE DEPARTMENT REAUTHORIZATION ACT OF 2005

TENANT	LANDLORD MEADOW PARK APARTMENTS	UNIT NO. & ADDRESS 1001 W 4 TH AVE, UNIT # KENNEWICK, WA 99336
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This lease addendum adds the following paragraphs to the Lease between the above referenced Tenant and Landlord.

Purpose of the Addendum

The lease for the above referenced unit is being amended to include the provisions of the Violence Against Women and Justice Department Reauthorization Act of 2005 (VAWA).

Conflicts with Other Provisions of the Lease

In case of any conflict between the provisions of this Addendum and other sections of the Lease, the provisions of this Addendum shall prevail.

Term of the Lease Addendum

The effective date of this Lease Addendum is _____ . This Lease Addendum shall continue to be in effect until the Lease is terminated.

VAWA Protections

1. The Landlord may not consider incidents of domestic violence, dating violence or stalking as serious or repeated violations of the lease or other "good cause" for termination of assistance, tenancy or occupancy rights of the victim of abuse.
2. The Landlord may not consider criminal activity directly relating to abuse, engaged in by a member of a tenant's household or any guest or other person under the tenant's control, cause for termination of assistance, tenancy, or occupancy rights if the tenant or an immediate member of the tenant's family is the victim or threatened victim of that abuse.
3. The Landlord may request in writing that the victim, or a family member on the victim's behalf, certify that the individual is a victim of abuse and that the Certification of Domestic Violence, Dating Violence or Stalking, Form HUD-91066, or other documentation as noted on the certification form, be completed and submitted within 14 business days, or an agreed upon extension date, to receive protection under the VAWA. Failure to provide the certification or other supporting documentation within the specified timeframe may result in eviction.

Tenant

Date

Landlord

Date