

Mountain View Apartments - Housing Application

Fairfield, Maine

INSTRUCTIONS

PLEASE READ CAREFULLY. INCOMPLETED APPLICATION **WILL NOT BE ACCEPTED.**

1. **COMPLETE ALL AREAS.** If an item does not apply to you, answer "NO" on that question or mark with a "0" if it is a dollar amount line or section.
 - a) All sources of earned income must be reported for all household members 18 years and older.
 - b) All unearned income and assets must be reported for all household members, including minors.
2. **SIGNATURES are required** by all adult applicants (18 and older).
4. **COPIES OF SOCIAL SECURITY CARDS** are required for all applicants on the application. Copies of Drivers Licenses for all adult members of the household are needed for identification purposes and eligibility purposes.
3. **RETURN YOUR APPLICATION TO:**

**Phoenix Management
P O Box 759
Saco ME 04072**

Your application is being returned because:

- ☐ **You did not complete all areas or you did not sign the application.**

Please return your application along with the information that was missing if you want to be considered for housing.

Mountain View Apartments - Housing Application

Please complete the following application and return it to **Phoenix Management Corporation, P. O. Box 759, Saco ME 04072**. **All items** must be completed in order to determine your eligibility. **Incomplete applications will be returned**. If an item does not apply to you, please mark "N/A" on that line. Please include a copy of a picture ID or drivers license for each adult member of the household. Every applicant will be required to go through a formal interview before eligibility is determined.

A. General Information -

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Telephone Number: _____ E-Mail Address: _____

Unit Size: **Studio 1BR 2BR** Please Circle One: **1st 2nd 3rd floor**

B. Household Composition – List all persons, including yourself, who will be living in the apartment.

Name (List Head of Household first)	Relationship	Full-time Student?	Birth Date	Social Security Number
1.	HEAD			- -
2.				- -
3.				- -
4.				- -
5.				- -
6.				- -

☐ YES ☐ NO 1. Do you, or any member of your household request handicap accessible unit? (special unit design)

☐ YES ☐ NO 2. Do you expect any additions to the household within the next twelve months?

Name and Relationship: _____

Explanation: _____

☐ YES ☐ NO 3. Is there anyone living with you now who won't be living with you at this property?

Name and Relationship: _____

Explanation: _____

☐ YES ☐ NO 4. Do you have full custody of your child(ren)? (If no, what amount of time does child(ren) will be living with you in unit.)

Explanation: _____

☐ YES ☐ NO 5. Are there any absent household members who under normal conditions would live with you? (For example, a spouse in the military.)
 Explanation: _____

☐ YES ☐ NO 6. Does your household have or anticipate having any pets other than those used as service animals?
 Pet Type: _____ Weight: _____

☐ YES ☐ NO 7. Have you or anyone else named on this application filed for bankruptcy?
 Explanation: _____

☐ YES ☐ NO 8. Have you or anyone else named on this application been convicted of a misdemeanor or felony?
 Explanation: _____

☐ YES ☐ NO 9. Have you or anyone else named on this application been convicted for dealing or manufacturing illegal drugs?
 Explanation: _____

☐ YES ☐ NO 10. Have you or anyone else named on this application been convicted of property damage?
 Explanation: _____

☐ YES ☐ NO 11. Have you or anyone else named on this application been served a Notice to Quit or been evicted from a rental unit of any type including an apartment, home, mobile home or trailer?
 Explanation: _____

C. Income – All sources of regularly received monies must be listed regardless of recipient's age.

Also, include income anticipated in the next 12 months Put zero "0" or "N/A" next to any source that does not apply.

Family Member Name	Source	Source Name/Address/Claim # if Applicable	Gross Monthly Income
	Employer		\$
	Employer		\$
	Pension		\$
	Pension		\$
	Social Security		\$
	Social Security		\$
	Alimony and/or Child Support		\$
	Unemployment		\$
	State - TANF		\$
	Other:		\$

D. Assets – Bank Accounts; Stocks & Bonds

Family Member Name	Bank Name	Asset Type	Amount
			\$
			\$
			\$
			\$
			\$

☐ YES ☐ NO Do you own Real Estate? If yes, type of property & address: _____

☐ YES ☐ NO Have you sold/disposed of any property/assets in the past 2 years? If yes, type of asset & date of disposed of: _____

☐ YES ☐ NO Do you have any other assets not listed (excluding household goods)? If yes, please list: _____

E. References – Current Landlord

Name _____ Address _____ State _____ Zip Code _____ () _____ Phone Number _____

Rental Began: _____ Current Rent: \$ _____ per _____

F. Previous Landlords

Name of Landlord	Address	Phone Number	Apartment Address	Period Rented
1.				From: To:
2.				From: To:
3.				From: To:

☐ YES ☐ NO Do you have a Rental Assistance Voucher? From what agency? _____

G. Professional References (example: teachers, principals, past/present employers, clergy, etc.)
Please do not list relatives or friends.

Name of Professional Reference	Address	Phone Number
1.		
2.		
3.		

H. Other Information

List any vehicles that you own:

Yr./Make: _____	License Plate _____
Yr./Make: _____	License Plate _____

I. Signatures - All Household Member 18 year of age or older must sign the application.

Signed: (✓) _____ Date _____
 Head of Household
 (✓) _____ Date _____
 Spouse/Co-Tenant _____ Date _____
 (✓) _____ Date _____
 Other Adult/Co-Tenant _____ Date _____



Authorization

I/we do hereby authorize Phoenix Management and its staff to contact any employers, agencies, offices, credit bureaus, landlords, or professional references for the purpose of verifying the information I/we have provided on the application. The information provided will be used solely for the determination of my/our eligibility and admission to the housing I/we are applying for and the information that is supplied will be kept confidential.

Signatures

(✓)

Applicant Signature

Date

(✓)

Co-Applicant Signature

Date

(✓)

Co-Applicant Signature

Date

PHOENIX MANAGEMENT

RESIDENTIAL & COMMERCIAL

APPLICATION - RELEASE OF INFORMATION

I, _____, authorize Phoenix Management, to pull my personal credit report, criminal report and sex offender registry reports, to contact any companies, individuals, government entities and/or consumer or credit reporting bureaus for the purposes of verifying information herein, reporting on any past criminal, sex offender record, credit or rental history and providing any and all such information including this application to the herein referenced management company.

I herein swear and affirm the information presented and contained in application is true, accurate and complete.

First, Middle & Last Name: _____

Address: _____

Social Security #: _____ Date of Birth: _____

All states & counties you have lived in: _____

Signature: _____ Date: _____

One form to be completed by each household member 18 years of age and older.



40 Water Street, PO Box 759, Saco, ME 04072
Phone (207) 571-3061 • 1 (866) 701-3904 • Fax (207) 571-3066
info@phoenixmanagementcompany.com

We are an Equal Opportunity Organization



PHOENIX MANAGEMENT

RESIDENTIAL & COMMERCIAL

Professional Reference

Property: **Mountain View Apartments**

Reference Name & Address:

Applicant Name & Address:

This person has applied for an apartment in one of our communities. We are asking for your cooperation in providing the following information and to return the form to us. Your prompt return of this information will help to assure timely processing of the application for housing. The applicant has consented to this release of information as shown below

TO BE COMPLETED BY REFERENCE ONLY:

1. How long have you known the applicant? _____

2. Would you consider the applicant a responsible person? ☐ Yes ☐ No

Please explain: _____

3. Would the applicant be a benefit to our community? ☐ Yes ☐ No

Please explain: _____

4. Does the applicant get along with his/her neighbors? ☐ Yes ☐ No

Please explain: _____

5. How would you describe the applicant? _____

6. How do you know the applicant? _____

7. Is the applicant a relative? ☐ Yes ☐ No

8. If you had property to rent, would you rent to this applicant? ☐ Yes ☐ No

Additional Comments on any of the above: _____

Signature & Title of Person Supplying Info

Phone #

Date

RELEASE: I hereby authorize the release of the requested information.

(✓)

Applicant Signature

Please Return By: _____

Penalties for misusing this consent: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.



40 Water Street, PO Box 759, Saco, ME 04072
Phone (207) 571-3061 • 1 (866) 701-3904 • Fax (207) 571-3066
info@phoenixmanagementcompany.com

We are an Equal Opportunity Organization



PHOENIX MANAGEMENT

RESIDENTIAL & COMMERCIAL

Professional Reference

Property: **Mountain View Apartments**

Reference Name & Address:

Applicant Name & Address:

This person has applied for an apartment in one of our communities. We are asking for your cooperation in providing the following information and to return the form to us. Your prompt return of this information will help to assure timely processing of the application for housing. The applicant has consented to this release of information as shown below.

TO BE COMPLETED BY REFERENCE ONLY:

1. How long have you known the applicant? _____

2. Would you consider the applicant a responsible person? ☐ Yes ☐ No

Please explain: _____

3. Would the applicant be a benefit to our community? ☐ Yes ☐ No

Please explain: _____

4. Does the applicant get along with his/her neighbors? ☐ Yes ☐ No

Please explain: _____

5. How would you describe the applicant? _____

6. How do you know the applicant? _____

7. Is the applicant a relative? ☐ Yes ☐ No

8. If you had property to rent, would you rent to this applicant? ☐ Yes ☐ No

Additional Comments on any of the above: _____

Signature & Title of Person Supplying Info

Phone #

Date

RELEASE: I hereby authorize the release of the requested information.

(✓)

Applicant Signature

Please Return By: _____

Penalties for misusing this consent: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.



40 Water Street, PO Box 759, Saco, ME 04072
Phone (207) 571-3061 • 1 (866) 701-3904 • Fax (207) 571-3066
info@phoenixmanagementcompany.com

We are an Equal Opportunity Organization



PHOENIX MANAGEMENT

RESIDENTIAL & COMMERCIAL

Landlord Reference

Landlord Name & Address:

Applicant Name & Address:

This person has applied for housing in one of our communities. We ask your cooperation in providing the following information and returning it to us. Your prompt return of this information will help to assure timely processing of the application for assistance. The applicant has consented to this release of information as shown below.

TO BE COMPLETED BY LANDLORD ONLY:

Address of Apartment Rented: _____ Rental Period: From _____ to _____

Amount of current/previous rent \$ _____ Amount in arrears at this time \$ _____

If this rental is current, do you receive a subsidy through the Rural Housing 515 program or HUD Section 8 program? ☐ Yes ☐ No

Had/have you begun/completed eviction proceedings for non-payment? ☐ Yes ☐ No

Rent payment history for the past year/prior years: ☐ Excellent ☐ Good ☐ Fair ☐ Poor

Housekeeping: Does (did) the tenant keep the unit clean, safe & sanitary? ☐ Yes ☐ No

Are (were) there any damages beyond normal wear and tear? ☐ Yes ☐ No

Does (did) tenant permit persons other than those on the lease to live in the unit on a regular basis? ☐ Yes ☐ No

Has (had) tenant/family members/guests damaged/vandalized the common areas? ☐ Yes ☐ No

Does (did) tenant/family members/guests interfere with the rights/quiet enjoyment of other tenants? ☐ Yes ☐ No

Has (had) tenant/family members/guests acted in a physically violent and/or verbally abusive manner towards neighbors, landlord, or landlord staff? ☐ Yes ☐ No

Type of tenant: ☐ Excellent ☐ Good ☐ Fair ☐ Poor Would you rent to applicant again? ☐ Yes ☐ No

Comments on any of the above: _____

Signature & Title of Person Supplying Info

Phone #

Date

RELEASE: I hereby authorize the release of the requested information. You do not have to sign this form if it is not clear who the requesting organization is or what organization is supplying the information.

(✓)

Please Return By:

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



40 Water Street, PO Box 759, Saco, ME 04072
Phone (207) 571-3061 • 1 (866) 701-3904 • Fax (207) 571-3066
info@phoenixmanagementcompany.com

We are an Equal Opportunity Organization



PHOENIX MANAGEMENT

RESIDENTIAL & COMMERCIAL

Landlord Reference

Landlord Name & Address:

Applicant Name & Address:

This person has applied for housing in one of our communities. We ask your cooperation in providing the following information and returning it to us. Your prompt return of this information will help to assure timely processing of the application for assistance. The applicant has consented to this release of information as shown below.

TO BE COMPLETED BY LANDLORD ONLY:

Address of Apartment Rented: _____ Rental Period: From _____ to _____

Amount of current/previous rent \$ _____ Amount in arrears at this time \$ _____

If this rental is current, do you receive a subsidy through the Rural Housing 515 program or HUD Section 8 program? ☐ Yes ☐ No

Had/have you begun/completed eviction proceedings for non-payment? ☐ Yes ☐ No

Rent payment history for the past year/prior years: ☐ Excellent ☐ Good ☐ Fair ☐ Poor

Housekeeping: Does (did) the tenant keep the unit clean, safe & sanitary? ☐ Yes ☐ No

Are (were) there any damages beyond normal wear and tear? ☐ Yes ☐ No

Does (did) tenant permit persons other than those on the lease to live in the unit on a regular basis? ☐ Yes ☐ No

Has (had) tenant/family members/guests damaged/vandalized the common areas? ☐ Yes ☐ No

Does (did) tenant/family members/guests interfere with the rights/quiet enjoyment of other tenants? ☐ Yes ☐ No

Has (had) tenant/family members/guests acted in a physically violent and/or verbally abusive manner towards neighbors, landlord, or landlord staff? ☐ Yes ☐ No

Type of tenant: ☐ Excellent ☐ Good ☐ Fair ☐ Poor Would you rent to applicant again? ☐ Yes ☐ No

Comments on any of the above: _____

Signature & Title of Person Supplying Info

Phone #

Date

RELEASE: I hereby authorize the release of the requested information. You do not have to sign this form if it is not clear who the requesting organization is or what organization is supplying the information.

(✓)

Please Return By:

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



40 Water Street, PO Box 759, Saco, ME 04072
Phone (207) 571-3061 • 1 (866) 701-3904 • Fax (207) 571-3066
info@phoenixmanagementcompany.com

We are an Equal Opportunity Organization



**Race and Ethnic Data
Reporting Form**U.S. Department of Housing
and Urban Development
Office of HousingOMB Approval No. 2502-0204
(Exp. 06/30/2017)

Mountain View Apartments

Fairfield, Maine

Name of Property**Project No.****Address of Property**

Phoenix Management

Name of Owner/Managing Agent**Type of Assistance or Program Title:****Name of Head of Household****Name of Household Member****Date (mm/dd/yyyy):** 09/28/2022

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

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

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

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

Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.

1. **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."
2. **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.

2. The five racial categories to choose from are defined below: You may mark one or more.

1. **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.
2. **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.
3. **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."
4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

Citizenship Declaration

INSTRUCTIONS: Complete this Declaration for each member of the household listed on the Family Summary Sheet

LAST NAME _____

FIRST NAME _____

RELATIONSHIP TO HEAD OF HOUSEHOLD _____ SEX _____ DATE OF BIRTH _____

SOCIAL SECURITY NO. _____ ALIEN REGISTRATION NO. _____

ADMISSION NUMBER _____ if applicable (this is an 11-digit number found on DHS Form I-94, *Departure Record*)

NATIONALITY _____ (Enter the foreign nation or country to which you owe legal allegiance. This is normally but not always the country of birth.)

SAVE VERIFICATION NO. _____
(to be entered by owner if and when received)

INSTRUCTIONS: Complete the Declaration below by printing or by typing the person's first name, middle initial, and last name in the space provided. Then review the blocks shown below and complete either block number 1, 2, or 3:

DECLARATION:

I, _____ hereby declare, under penalty of perjury, that I am _____
(print or type first name, middle initial, last name):

_____ 1. A citizen or national of the United States.

Sign and date below and return to the name and address specified in the attached notification letter. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

Signature

Date

Check here if adult signed for a child: _____

- _____ 2. A noncitizen with eligible immigration status as evidenced by one of the documents listed below:

NOTE: If you checked this block and you are 62 years of age or older, you need only submit a proof of age document together with this format, and sign below:

If you checked this block and you are less than 62 years of age, you should submit the following documents:

- a. Verification Consent Format (* Exhibit 3-6 *).

AND

- b. One of the following documents:

- (1) Form I-551, *Alien Registration Receipt Card* (for permanent resident aliens).
- (2) Form I-94, *Arrival-Departure Record*, with one of the following annotations:
 - (a) "Admitted as Refugee Pursuant to section 207";
 - (b) "Section 208" or "Asylum";
 - (c) "Section 243(h)" or "Deportation stayed by Attorney General"; or
 - (d) "Paroled Pursuant to Sec. 212(d)(5) of the INA."
- (3) If Form I-94, *Arrival-Departure Record*, is not annotated, it must be accompanied by one of the following documents:
 - (a) A final court decision granting asylum (but only if no appeal is taken);
 - (b) A letter from an DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (if application was filed before October 1, 1990);
 - (c) A court decision granting withholding of deportation; or
 - (d) A letter from an DHS asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).
- (4) Removed with update;
- (5) Removed with update;
- (6) A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.

- (7) *Other acceptable evidence. If other documents are determined by the DHS to constitute acceptable evidence of eligible immigration status, the will be announced by notice published in the Federal Register.*

If this block is checked, sign and date below and submit the documentation required above with this declaration and a verification consent format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

If for any reason, the documents shown in subparagraph 2.b. above are not currently available, complete the Request for Extension block below.

Signature

Date

Check here if adult signed for a child: _____

REQUEST FOR EXTENSION

I hereby certify that I am a noncitizen with eligible immigration status, as noted in block 2 above, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be undertaken to obtain this evidence.

Signature

Date

Check if adult signed for a child: _____

_____ 3. I am not contending eligible immigration status and I understand that I am not eligible for financial assistance.

If you checked this block, no further information is required, and the person named above is not eligible for assistance. Sign and date below and forward this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who is responsible for the child should sign and date below.

Signature

Date

Check here if adult signed for a child: _____

Verification Consent Form

INSTRUCTIONS: Complete this format for each noncitizen family member who declared eligible immigration status on the Declaration Format. If this format is being completed on behalf of a child, it must be signed by the adult responsible for the child.

CONSENT

I, _____ hereby consent to the following:

(print or type first name, middle initial, last name)

1. The use of the attached evidence to verify my eligible immigration status to enable me to receive financial assistance for housing; and
2. The release of such evidence of eligible immigration status by the project owner without responsibility for the further use or transmission of the evidence by the entity receiving it to the following:
 - a. HUD, as required by HUD; and
 - b. The DHS for purposes of verification of the immigration status of the individual.

NOTIFICATION TO FAMILY:

Evidence of eligible immigration status shall be released only to the DHS for purposes of establishing eligibility for financial assistance and not for any other purpose. HUD is not responsible for the further use or transmission of the evidence or other information by the DHS.

Signature

Date

Check here if adult signed for a child: _____

Family Summary Sheet

#	Name	Relationship	Sex	Date of Birth
1		Head		
2		Spouse		
2		Co-Tenant		
3		Co-Tenant		
4		Dependent		
5		Dependent		
6		Dependent		
7		Dependent		
8		Dependent		
9		Dependent		

HOUSEHOLD STUDENT STATUS VERIFICATION

LIHTC Properties

Resident Name:
Address:

Property: Mountain View

Completed For: (check one)

 X Application

 Move-in; Date: _____

 Annual Recertification;: _____

Mark with an "X" 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 full-time 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:**

#	If checked C. above answer the following questions	Circle One	
1	Is at least one student receiving assistance under Title IV of the Social Security Act? TANF	Yes	No
2	Was at least one student previously under the care and placement responsibility of the state agency responsible for administering foster care? (provide documentation of participation)	Yes	No
3	Does at least one student participate in a program receiving assistance under the Job Training Partnership Act, Workforce Investment Act, or under other similar, federal, state or local laws? (attach documentation of participation)	Yes	No
4	Is at least one student a single parent with child(ren) and this parent is not a dependent of another individual and the child(ren) is/are not dependent(s) of someone other than a parent?	Yes	No
5	Are the students married and entitled to file a joint tax return?	Yes	No

Households composed entirely of full-time 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.

Applicant or Resident Signature: _____ Date: _____