

Name: First MI Last:

Address1:

Address2:

City State Zip:

Email:

Case Manager Email:

THIS SECTION FOR APPLICANT:

Date completed:

← Applicant: Mail application to the address at left.

Fold on this line

THIS SECTION FOR WAITLIST ADMINISTRATOR:

Landlords: IF REJECTING THIS APPLICATION, please email, mail, or fax the form below to HousingWorks. We will pass it on to the applicant. Include this page so we know who the application is for!

We will also update our system, so the changed status of your waitlists will reach many thousands of applicants and their housing advocates. Also, you will boost your Fair Housing and ADA compliance exponentially!

For Landlords Only!
support@housingworks.net
HousingWorks
P.O. Box 231104
Boston, MA 02123
617-536-8561 fax

- ☐ This waitlist is closed. The only waitlists open at present are:
- _____
- _____
- ☐ This is not the right application. We have enclosed the correct application.
- ☐ You do not appear to qualify for this property, because: _____
- Name of Waitlist Administrator *optional* _____
- Phone of Waitlist Administrator *optional*: _____ - _____ - _____ X _____

Date Time Received. Application will be stamped to show when it was received:

DO NOT LEAVE ANY QUESTION UNANSWERED!

- ☐ HEAD OF HOUSEHOLD'S FIRST NAME
- ☐ HEAD OF HOUSEHOLD'S COMPLETE MIDDLE NAME
- ☐ HEAD OF HOUSEHOLD'S LAST NAME (EX: BAEZ GONZALEZ) ☐ SUFFIX
- ☐ YOUR MOTHER'S LAST NAME WHEN SHE WAS A CHILD

ANSWER THIS: ☐ Yes ☐ No Does the HoH have a Social Security Number? *If "Yes" you must provide the full SSN!*

- ☐ HEAD OF HOUSEHOLD'S SOCIAL SECURITY NUMBER (###-##-####) ☐ HEAD OF HOUSEHOLD'S DATE OF BIRTH mm/dd/yyyy ☐ GENDER M, F, T, etc.

- ☐ ETHNICITY: Hispanic/Latino, Non-Hispanic/Non-Latino, **Client Refused** ☐ RACE: Asian, Black or African American, White, American Indian or Alaskan Native, Pacific Islander or Native Hawaiian, Other or Multi-Racial, **Client Refused**

- ☐ I am not claiming any R.A. or Special Circumstances at the moment (else fill in any of the items below)

- ☐ Fully Accessible Wheelchair Unit ☐ Vision-Impaired Unit ☐ Need an Interpreter - Explain:
☐ No-Steps unit (elevator to any floor) ☐ Hearing-Impaired Unit ☐ Domestic Violence Victim
☐ First-Floor unit only ☐ Unit for Environmental Allergies ☐ Personal Care Attendant

- ☐ HoH's CAREER STAGE ☐ ANY VETERANS in HH? ☐ Yes ☐ No
☐ Employed ☐ Unemployed ☐ Retired ☐ FT Student ☐ PT Student

- ☐ PERMANENT MOBILE RENTAL ASSISTANCE, if any
☐ I do not have mobile rental assistance ☐ Mobile Section 8 voucher ☐ MRVP ☐ AHVP ☐ VASH or similar

- ☐ CRIMINAL RECORD AND SEX OFFENDER
Head of Household: Any **Felony/Conviction?** ☐ Yes ☐ No Any **Misdemeanor Conviction?** ☐ Yes ☐ No
Other Members: Any **Felony Convictions?** ☐ Yes ☐ No Any **Misdemeanor Conviction?** ☐ Yes ☐ No
Is anyone in HH subject to a **lifetime sex offender registration** in any state? ☐ Yes ☐ No Details

- ☐ ANY PETS? ☐ Yes ☐ No Number of Pets: Describe:

- ☐ HOUSEHOLD SIZE AND COMPOSITION ☐ ANNUAL INCOME ☐ DOCUMENTED DISABILITY?
← # Adults ← # Children ← Total # in Household ☐ Yes ☐ No

- ☐ CURRENT HOUSING STATUS ☐ Homeless ☐ Housing Loss in 14 days ☐ Homeless under other federal status
☐ Homeless because Fleeing domestic violence ☐ At risk of homelessness ☐ Stably Housed

- ☐ BEST TELEPHONE NUMBER TO USE ☐ SECOND TELEPHONE

- ☐ EMAIL ADDRESS

- ☐ WHERE YOU LIVE OR BACKUP ADDRESS check this box if backup address is the same as best mailing address below.

AddressLine 1

Apt # or "care of" name

City

State

Zip

- ☐ BEST MAILING ADDRESS

Address Line 1

Apt # or "care of" name

City

State

Zip

- ☐ PREFERRED # OF BEDROOMS? SPECIAL CIRCUMSTANCES? (*some programs may grant you a priority status*)

- ☐ Disability ☐ Elder ☐ Local Resident ☐ Local Employee ☐ Local Student ☐ Homeless Vet. ☐ Fleeing Dom. Viol.
☐ Rent-burdened 40% ☐ Rent-burdened 50% ☐ HUD VAWA Certification ☐ Victim of Hate Crime.
Displaced by: ☐ Urban Renewal ☐ Sanitary Code ☐ Natural Forces ☐ Other _____



SITE NAME: Jaycee Place

HMR Corporate Office: (617) 471-0300; Fax: (617) 471-7690

Massachusetts TTY Relay Service (800) 439-2370

THIS SPACE FOR OFFICE USE ONLY

Date Sent Out By Office: ____/____/____

Date Received By Office: ____/____/____

Time Received By Office: ____:____ am / pm

Mgr. Signature: _____

ID Number: _____ BR Size _____

PLEASE NOTE that, in many states, you can now dial 711 to reach your local TTY relay service, both with voice & TTY. If the number listed above does not seem to work for your state, please try dialing 711.

Incomplete applications will be returned - All items need to be completed - If any items do not apply enter "no" or "N/A" on that line.

Applicant's Full Name:	Date of Birth	Age	Social Security Number
------------------------	---------------	-----	------------------------

Other Residents Names:	Relationship to Applicant	Date of Birth	Age	Social Security Number
------------------------	---------------------------	---------------	-----	------------------------

Residence History - Your FULL present address

Your CURRENT Phone Number: (below)

Landlord Address:

Landlord Name: _____

Rent paid per month \$ _____

Landlord Phone: _____

Reason for Moving: _____

If length of time at current address is LESS than 5 consecutive years, please complete ATTACHED LANDLORD HISTORY for EACH non-related adult household member.

Length of time at present address? _____ to Present Time

Do you anticipate changes in your family composition during the next 12 months? ____ YES ____ NO

IF YES, WHAT? _____

List Income Received By All Family Members Age 18 or Older (attach another page if necessary)

Employee: _____

Company Name _____

Address _____

Name of Supervisor: _____

Position _____

Current GROSS monthly income: _____

DATE OF HIRE: _____

Employee: _____

Company Name _____

Address _____

Name of Supervisor: _____

Position _____

Current GROSS monthly income: _____

DATE OF HIRE: _____

***Please list all states that you have resided in: _____**

Other Household Income - If any items below-do not apply, enter "no" or "none" on that line-

LIST GROSS MONTHLY AMOUNTS

Social Security Benefits	\$ _____	Unemployment Benefits	\$ _____
Supplemental Security Benefits	\$ _____	Public Assistance	\$ _____
Pensions	\$ _____	Workman's Compensation	\$ _____
Veterans Benefits	\$ _____	Disability	\$ _____
Annuities	\$ _____	Child Support	\$ _____
Dividends	\$ _____	Alimony	\$ _____

Other Income (tips, commissions etc.). _____

Do you anticipate any changes in this income in the next 12 months? Yes _____ No _____

If Yes, explain: _____

STUDENT STATUS:

of household members K-12 _____, part-time college _____, full-time college _____

Amount of Student Financial Aid received during current taxpayer year: _____

List ALL bank accounts held by household members (checking, savings, IRA's, CD's etc.)

*Please attach a separate sheet with all additional asset accounts, if necessary.

1) Bank/Firm Name:	_____	Acct. Type:	_____
Address:	_____	Acct. #	_____
Name(s) on Account	_____	S.S. #	_____
2) Bank/Firm Name:	_____	Acct. Type:	_____
Address:	_____	Acct. #	_____
Name(s) on Account	_____	S.S. #	_____

Stocks/Savings Bonds:	NO. _____	Maturity _____	Value \$ _____
	NO. _____	Maturity _____	Value \$ _____

Life Insurance Policy No. : _____ Cash Value \$ _____

Company: _____ Address: _____

Does Any Applicant Have Equity in a House? Yes _____ No _____ How Many? _____ Market Value? _____

Does Any Applicant Have Equity in Land? Yes _____ No _____ How Many? _____ Market Value? _____

Has any applicant disposed of any assets at less than Fair Market Value? (Example: Given money away to a relative, set up irrevocable trust fund)? Yes _____ No _____ If yes, describe asset: _____

Date Disposed ____/____/____ Amount Disposed \$ _____

Have you ever lived at ANY Housing Management Resources site before? Yes _____ NO _____

If YES, please provide dates of residency AND name of site: _____

Does any member have any other asset not listed above (excluding personal property)? Yes _____ No _____

Automobile Information:

Vehicle Make:	_____	Plate #	_____	Year	_____	Color	_____
Vehicle Make:	_____	Plate #	_____	Year	_____	Color	_____

Do you receive Rental Assistance? _____

Have you or any member of your household ever been evicted from any housing? _____

If yes, describe: _____



Please list ALL places you have lived in LAST FIVE CONSECUTIVE YEARS
EACH NON-RELATED ADULT HOUSEHOLD MEMBER MUST COMPLETE THIS FORM

Applicant Name: _____

PAST Address: _____

(Please include complete address, CITY, STATE and ZIP CODE).

Length of time: _____

Landlord Name: _____ Landlord Phone: _____

Landlord Address _____

(Please include complete address, CITY, STATE and ZIP CODE).

Applicant Name: _____

PAST Address: _____

(Please include complete address, CITY, STATE and ZIP CODE).

Length of time: _____

Landlord Name: _____ Landlord Phone: _____

Landlord Address _____

(Please include complete address, CITY, STATE and ZIP CODE).

Applicant Name: _____

PAST Address: _____

(Please include complete address, CITY, STATE and ZIP CODE).

Length of time: _____

Landlord Name: _____ Landlord Phone: _____

Landlord Address _____

(Please include complete address, CITY, STATE and ZIP CODE).

Applicant Name: _____

PAST Address: _____

(Please include complete address, CITY, STATE and ZIP CODE).

Length of time: _____

Landlord Name: _____ Landlord Phone: _____

Landlord Address _____

(Please include complete address, CITY, STATE and ZIP CODE).

Have you or your Co-applicant ever been convicted as a sex offender?_____ Yes _____ No

Have you or your Co-applicant ever been Convicted of a Felony? _____ Yes _____ No

If Yes, Explain _____

Have you or your Co-applicant ever been Convicted for Illegal Use, Possession, Manufacture, or Distribution of a Controlled Substance? _____ Yes _____ No

Do You or your Co-applicant *currently* use, manufacture, or distribute illegal drugs? ____ Yes ____ No

Are you or anyone in your household an addict or abuser of illegal drugs or alcohol? ____ Yes ____ No

Have you or anyone in your household ever been treated for drug or alcohol abuse?____ Yes ____ No

Have you or anyone in your household ever been convicted of a sex related crime? ____ Yes ____ No

Have you or anyone in your household ever been subject to a lifetime registration in a State Sex Offender registration program? ____ Yes ____ No

How did you hear about this Housing? via the HousingWorks.net website

In case of Emergency, notify which Relative? _____

Relationship: _____ Phone: _____

Address: _____

When do you wish to move-in? _____

Are you applying for an accessible and/or elderly unit? ____ Yes ____ No

Do any members of your household require a reasonable accommodation to participate in the application process? ____ Yes ____ No

Do you have any pets that will be in the unit? ____ Yes ____ No

Certification Statement:

I/We certify that the Information supplied is accurate to the best of my knowledge, that I/We have not willingly supplied false information, and give Housing Management Resources, Inc as managing agent, authorization to contact any references and/or agency that I/We have listed on this application. I further understand and agree, that a credit report, sex offender report will be obtained and Landlord references (current and past) will be contacted. Also, I/We will occupy this unit as my/our permanent residence and I/We do/will not maintain a separate subsidized rental unit. I/We fully understand the Title 18, section 1001 of the United States Code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any Department or Agency of the United States.

Applicant's Signature: _____ DATE _____

Spouse Signature: _____ DATE _____

Co-Applicant Signature: _____ DATE _____

Other Adult Signature: _____ DATE _____

Other Adult Signature: _____ DATE _____

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for the unauthorized disclosures or improper use 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 and applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 42 U.S.C. 208(f), (g) and (h).



UNEMPLOYED STATUS AFFIDAVIT

All adults who are unemployed should complete this form

Full Name: _____

I am currently unemployed: [☐] YES [☐] NO

I work on a seasonal basis depending on the time of year: [☐] YES [☐] NO

I receive benefit income such as unemployment, disability, or workers compensation: [☐] YES [☐] NO

if my employment status changes between now and the move in or recertification) date I understand that I must Inform the manager before moving into this apartment .

I have been unemployed for _____ years and _____ months

My last job paid \$ _____ per hour and i worked _____ hours per week

*****Please complete either Section A, B, or C as applicable*****

Section A

I [print name], _____, state that I am currently unemployed and that I do not anticipate becoming employed within the next twelve months.

Section B

I (print name), _____ state that I am currently unemployed but am aware of an employment start date of _____ at \$ _____ per _____.

Section C

I (print name) _____ state that I am currently unemployed. I am not aware of a start date at this time. However, I anticipate becoming employed in the upcoming 12 months. Based upon my prior employment history and educational training, I anticipate earning \$ _____ from anticipated employment over the next twelve months.

(Please supply documentation to support this, such as previous tax returns and/or W-2)

I certify that the information given above is true to the best of my knowledge and that any misrepresentation of information will lead to cancellation and/or rejection of my application for tenancy. I am signing this under penalty of perjury.

Applicant/Tenant Signature: _____ Date _____

UNDER \$5,000 ASSET CERTIFICATION

For households whose combined net assets are less than \$5,000.00

Complete only one form per household; include assets of children

Applicant/Tenant: _____ Unit #: _____

Complete 1 or 2:

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

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

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

3. The net household assets above are less than \$5,000.00 [] YES [] NO
4. Total annual income from all assets is: _____
5. In the past 2 years I/we have sold or given away assets (such as cash, real estate, etc.) for less than fair market value: [] YES [] NO

If YES list asset disposed: _____ Date of disposal: _____
Fair market value: _____ Amount received: _____

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

(Signature of Tenant)

Date

(Signature of Tenant)

Date

(Signature of Tenant)

Date

(Signature of Tenant)

Date

DISPOSED ASSETS AFFIDAVIT

TENANT/APPLICANT: _____ DATE: _____

PROPERTY NAME: Jaycee Place

- ☐ **I HAVE NOT** disposed of any assets for less than fair market value in the past two (2) years

Fair Market Value is the market value of the asset minus reasonable cost incurred in selling/converting the asset into cash. Such costs include: 1. penalties for early withdrawal; 2. broker/legal fees for sale of assets, and 3. settlement costs for real estate transactions.

- ☐ **I HAVE** disposed of assets for less than fair market value in the past two (2) years.

Please list any assets disposed of within the past two (2) years for less than fair market value.

Asset Description	Date Disposed	Fair Market Value	Sold For

Assets listed as disposed of during the past two (2) years for less than the fair market value prior to this certification/recertification, will be counted as assets if the difference in the value of the asset and the amount received for the asset exceeds \$1,000.00.

AGENCY REPRESENTATIVE

DATE

I hereby certify that the information provided is true and complete to the best of my knowledge.

SIGNATURE OF APPLICANT/TENANT

DATE

ANNUAL STUDENT CERTIFICATION

Effective Date:

MI:

Under the Low-Income Housing Tax Credit Program, households comprised of full-time students are not eligible for tax credits unless they meet one of the student exceptions. This document is the Annual Student Certification to confirm the student status of the resident(s) residing in the following unit:

Property Name: **Jaycee Place**

Unit Number _____

Head of Household Name: _____ BIN#: **MA0080001**

Check A, B, or C, as applicable to the resident(s) in the unit. Note: Students include those attending kindergarten through a PhD and all other types such as barber/beauty, police academies, technical, trade and mechanical schools.

- A. ☐ Household contains at least one occupant who is not a student and has not been or will not be a student for five months or more out of the current and/or upcoming calendar year (months do not need to be consecutive). If checked, no further information is necessary except for signature and date at the bottom of the page.
- B. ☐ Household contains all students, but is qualified because the following occupant(s) is/are part time student(s). Verification of part time student status is required for at least one resident. Part-time Student(s): _____
- C. ☐ Household contains all FULL-TIME students for five or more months out of upcoming calendar year. If this box is checked, answer questions 1-5 below:
- | | | |
|--|-----|----|
| 1. Are the students married and entitled to file a joint tax return? (copy of marriage certificate required to verify eligibility) | YES | NO |
| 2. Is at least one student a single parent with child(ren) and this parent is not a dependent of someone else, and the child(ren) are not a dependent of someone else other than a parent?(Documentation such as the divorce or child custody agreement or other parent's most recent tax return is required). | YES | NO |
| 3. Is at least one student receiving Temporary Assistance to Needy Families (TANF)? (documentation of assistance is necessary) | YES | NO |
| 4. Does at least one student participate in a program receiving assistance under the Job Training Partnership Act, Workforce Investment Act, or under similar federal, state or local program? (verification of participation is required) | YES | NO |
| 5. Does the household consist of at least one student who was previously under foster care? (verification of participation is required) | YES | NO |

Full-time student households that are income eligible and satisfy one of the 5 above conditions or exceptions are tax credit eligible. If any of the conditions are marked NO, or verification is missing or does not support the exception, the household is considered an ineligible student household.

Under penalties of perjury, I/we certify that the information presented in the Annual Student Certification is true and correct and accurate to the best of my/our knowledge and belief. I/we agree to notify management immediately any changes in the student status of any household member. The undersigned further understands that providing information or making false representations constitutes an act of fraud. False, misleading or incomplete information may result in the termination of the lease agreement.

All household members 18 years of age or older must execute and date,

Signature

Date

Signature

Date

Signature

Date

Signature

Date

TENANT RELEASE AND CONSENT

I/We _____, the undersigned hereby authorize all persons or companies in the categories listed below to release information regarding employment, income and/or assets for purposes of verifying information on my/our apartment rental application. I/We authorized release of information without liability to the owner/manager of the apartment community listed below, and/or the state housing development agency or its service provider.

INFORMATION COVERED

I/We understand that the previous or current information regarding we/us may be needed. Verifications and inquires that may be requested include but are not limited to: personal identity, student status, employment income, assets, and medical or child care allowances. I/We understand that this authorization cannot be used to obtain information about me/us that is not pertinent to my eligibility for and continued participation as a Qualified Tenant.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information include, but are not limited to:

Past and Present Employers
Support and Alimony Providers
Educational Institutions
Banks/Financial Institutions
Public Housing Agencies

Welfare Agencies
State Unemployment Agencies
Social Security Administration
Previous Landlords
Criminal Background Check

Veterans Administration
Retirement Systems
Medical Providers
Child Care Providers
Credit Check

CONDITIONS

I/We agree that a photocopy of the authorization may be used for the purposes stated above. The original of this authorization is on file and will stay in effect for a year and one month from the date signed. I/We understand that I/We have a right to review this file and correct any information that is incorrect.

SIGNATURES

Applicant/Resident

(Print Name)

Date

Co/Applicant/Resident

(Print Name)

Date

Adult Member

(Print Name)

Date

Adult Member

(Print Name)

Date

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



INTERVIEW QUESTIONNAIRE

Property Name: **Jaycee Place**

Unit Number _____

Certification Type:

- ☐ Move Initial Certification
- ☐ Re-certification
- ☐ Other

Housing Program:

- ☐ Low Income Housing Tax
- ☐ HOME
- ☐ Other

I. HOUSEHOLD COMPOSITION

- Unless assistance is required, this form must be completed by the applicant/tenant.
- List each person who will reside in the unit along with the relationship to the head of household, date of birth, and social security number.
- Do not include minors who will be present less than 50% of the time.
- List FT student status for any member who is currently enrolled, expects to become enrolled, or was previously enrolled for any part of 5 months in the calendar year. Include grades K-12; college; university; technical; trade; and mechanical schools.

HOUSEHOLD MEMBER	-RELATIONSHIP	DOB	SSN	PT STUDENT?
1.	HEAD			<input type="checkbox"/> YES <input type="checkbox"/> NO
2.				<input type="checkbox"/> YES <input type="checkbox"/> NO
3.				<input type="checkbox"/> YES <input type="checkbox"/> NO
4.				<input type="checkbox"/> YES <input type="checkbox"/> NO
5.				<input type="checkbox"/> YES <input type="checkbox"/> NO
6.				<input type="checkbox"/> YES <input type="checkbox"/> NO
7.				<input type="checkbox"/> YES <input type="checkbox"/> NO
8.				<input type="checkbox"/> YES <input type="checkbox"/> NO

Are any HH changes expected in next 12 months? ☐ YES ☐ NO If Yes, explain:

Have you or any member of your household ever been convicted of a sex related crime or are subject to a lifetime registration in a State sex offender registration program? ☐ YES ☐ NO If Yes, explain

Are any student changes expected in next 12 months? ☐ YES ☐ NO If YES explain:

II. STUDENT STATUS

Is every member of the household a FT student as defined above?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<ul style="list-style-type: none"> If NO continue to Section III If YES please complete the following questions: 	
Does a student receive assistance under Title IV of the Social Security Act (i.e. TANF or AFDC but not SS or SSI)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Was a student previously a foster child?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is a student enrolled in a program funded by the Workforce Investment Act or similar federal/state/local program?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is a student married and eligible to file a joint tax return?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is a student a single parent who is not claimed as a dependent by another individual?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are the minors in the household claimed as a dependent by a parent?	<input type="checkbox"/> YES <input type="checkbox"/> NO

INCOME INSTRUCTIONS:

- List gross amounts anticipated to be received in the 12-month period following move in or recertification.
- For minors include unearned income such as benefits, SSA, SSI, gifts, child support, income from assets.
- For adults include both earned income from jobs and unearned income.
- Answer each YES-NO question. For each YES include the gross amount and frequency.
- Do not leave any unanswered questions.

III. HOUSEHOLD INCOME

Use an extra copy of pages 2 and 3 as needed if more than 2 adult members are included in the household.

All adults must sign the form.

		Head of Household			Co-Head and/or Other Member		
Type of Income		Check One	Amount	Frequency	Check One	Amount	Frequency
1.	Salary or pay from job	<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO		
2.	Overtime or shift pay	<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO		
3.	Bonus/commission/etc.	<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO		
4.	Do you have a 2nd job?	<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO		
5.	Seasonal/sporadic work.	<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO		
6.	Tips	<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO		
7.	Cash pay	<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO		
8.	Self-Employment	<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO		
9.	Periodic Gift Income	<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO		
10.	Non-Cash Contributions	<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO		
11.	Formal Child Support	<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO		
12.	Is Child awarded but not paid?	<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO		
13.	Informal Child Support	<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO		
14.	Formal Spousal Support	<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO		
15.	Is spousal support awarded but not paid?	<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO		
16.	Information Spousal Support	<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO		
17.	Social Security	<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO		
18.	SSI	<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO		
19.	TANF, AFDC, etc.	<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO		
20.	Unemployment benefits	<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO		
21.	Worker's compensation	<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO		
22.	Severance Pay	<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO		
23.	Pension income	<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO		
24.	Retirement acct payments	<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO		
25.	Investment acct payments	<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO		
26.	Annuity acct payments	<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO		
27.	Trust acct payments	<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO		
28.	Disability/death benefits	<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO		
29.	Real estate rent income	<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO		
30.	Disability/death benefits	<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO		
31.	Military pay	<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO		
32.	Veterans/VA income	<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO		
33.	Other income:	<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO		
34.	Other income:	<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO		

35. Are any income changes expected in the next 12 months? ☐ YES ☐ NO If YES please describe:

For each source of income checked YES above, please complete the following:

[illegible]

III. HOUSEHOLD ASSETS

- List assets for all household members including minors.
- Cash value is market value minus any costs/penalties/fees required to convert to cash.
- Do not list assets that are not accessible to the family.

Type of Asset	Head of Household		Co-Head and/or Other Member	
	Check One	Approx Cash Value	Check One	Approx Cash Value
1. Checking Account	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
2. 2 nd Checking Account	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
3. Savings Account	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
4. 2 nd Savings Account	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
5. Debit/Direct deposit	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
6. 2 nd debit card	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
7. Cash on hand	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
8. Certificate of Deposit	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
9. Other Bank Account	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
10. Mutual Fund	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
11. Stocks	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
12. Portfolio/Brokerage	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
13. IRA/401K etc.	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
14. 2 nd IRA/401K	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
15. Treasury Bills/Bonds	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
16. Company retirement Account	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
17. Annuity	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
18. Pension	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
19. Revocable Trust	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
20. Life Insurance (not term)	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
21. Real Estate Equity	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
22. Other Asset	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
23. Other Asset	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
24. Has anyone received any lump sum amounts in the past 2 years (i.e. lottery/gambling/inheritance)?			<input type="checkbox"/> YES <input type="checkbox"/> NO	
25. Has anyone disposed of any assets for less than fair market value in the past 2 years)?			<input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, please list details such as the type of asset; the disposal date; the fair market value; and the amount received				

For each asset checked YES above, please complete the following:

Asset #	HH Member	Name of Source	Address/Phone/Email

Under penalties of perjury, I/we certify that the information presented on this form is true and accurate to the best of my/our knowledge. False, misleading, or incomplete information may result in the termination of this application/lease.

Head of Household Signature

Printed Name

Head of Household Signature

Printed Name

Management Signature

Date

**Race and Ethnic Data
Reporting Form**U.S. Department of Housing
and Urban Development
Office of HousingOMB Approval No. 2502-0204
(Exp. 12/31/2007)

Jaycee Place

33 Bowers St
Lowell, MA 01854

Name of Property

Project No.

Address of Property

Jaycee-Lowell Limited Partnership

Tax Credit

Name of Owner/Managing Agent

Type of Assistance or Program Title:

Name of Head of Household

Name of Household Member

Date (mm/dd/yyyy): _____

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	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.