

Move-In Application

FOR OFFICE USE ONLY

Date & Time Received:	(Record with a date & time stamp OR write in and initial the date and time the application was received)	
Property Name: Riverbirch Greene		Effective Date:
Unit Number:		

TO BE COMPLETED BY APPLICANT

Head of Household Name:	
State Issued ID # (Head of Household):	State:
Home phone:	Cell phone:
Email:	
Preferred Number of Bedrooms:	



We encourage and support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, color, creed, religion, sex, sexual orientation, gender identification, national origin, familial status, age, or handicap.

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Move-In Application

FOR APPLICANT USE ONLY

Please answer all applicable questions. Each household member age 18 years or older and under 18 if head, spouse, or co-head must sign and date the application.

NOTE: Any applicant who purposefully falsifies, misrepresents or withholds any information related to program eligibility, or submits inaccurate and/or incomplete information on this application or during the interview, may be rejected for housing.

HOUSEHOLD COMPOSITION

List the Head of Household and all other persons who will be living in the unit. Give the relationship of each household member to the head of household.

Member #	Household member <small>First name, middle initial, and last name</small>	Relationship	Date of Birth	Sex <small>(Optional)</small>	Marital Status	Student Status this and/or next calendar year	Disabled?	SSN
1		HEAD				<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Not a Student	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline	
2						<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Not a Student	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline	
3						<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Not a Student	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline	
4						<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Not a Student	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline	
5						<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Not a Student	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline	
6						<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Not a Student	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline	
7						<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Not a Student	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline	
8						<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Not a Student	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline	
9						<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Not a Student	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline	



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HOUSEHOLD QUESTIONS

The following questions pertain to yourself and everyone who will occupy the unit. Check either **Yes** or **No** in response to each question. An explanation must be provided below if the answer is **Yes**. Use additional sheets, if necessary.

Will any member of the household require a live-in aide?

Yes No

If Yes, list name(s) below:

Is any member of this household temporarily absent, but under normal conditions would live in the unit?

Yes No

If Yes, list name(s) below:

Have you or any member of your household ever used different names from the names given on this application?

Yes No

If Yes, explain:

Have you or any member of your household ever used social security numbers different from those listed on this application?

Yes No

If Yes, explain:

Do you anticipate any change in your household (someone moving in or out) during the next 12 months?

Yes No

If Yes, list name(s) below:

Will all minor household members live in this unit with a parent or guardian who has at least 50% custody?

Yes No

If No, list name(s) below: N/A

Does/Will this household receive rent assistance?

Yes No

If Yes, please indicate the source (Housing Choice Voucher, Rental Development HA, etc.)

List all states and counties in which all household members have ever lived:



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Move-In Application

INCOME INFORMATION

For each household member (including temporarily absent and/or foster family members), list current and anticipated income sources for the twelve-month period beginning on the anticipated move-in date. All information must be verified. Include all full-time, part-time, or seasonal income even if completing this application in the off-season.

Include income for all members of the household

Employment wages/salaries (include tips, bonuses, commissions, and seasonal employment)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Military Pay	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Self-Employment (including digital income sources such as app-based driving services, e-commerce sales, and video-based platforms)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Unemployment Benefits	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Workers Compensation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Social Security Benefits (Including Social Security, Social Security Disability Insurance (SSDI), and Retirement, Survivors, and Disability Insurance (RSDI))	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Supplemental Security Income (SSI)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Benefits from Temporary Assistance to Needy Families (TANF) or Aid to Families with Dependent Children (AFDC)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Child Support (Answer yes if you have a court order or informal agreement, even if you are receiving less than the full amount awarded)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Alimony/Spousal Support (Answer yes if you have a court order or informal agreement, even if you are receiving less than the full amount awarded)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Regular or periodic payments received from persons not living in the unit	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Student Financial Aid (public or private, not including student loans)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Regular payments received from a pension or the Veteran's Administration	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Periodic payments from Indian Trusts	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Periodic payments received from peer-to-peer payment systems (e.g. Paypal, Venmo, Blockchain, Square, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Regular payments received from a trust, annuity or other claim	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other (list)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does any adult member of the household have zero income?	<input type="checkbox"/> Yes	if Yes, please list names: <input type="checkbox"/> No



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ASSET INFORMATION

For each household member (including children), list all assets. All information must be verified.

Include assets for all members of the household

Checking Accounts	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Savings/Holiday Accounts	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Direct Express Cards (or any card where benefits or pay is deposited)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Stocks, Bonds, or Annuities	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Treasury Bills	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Money Market/Mutual Funds	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Certificates of Deposit	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Lump Sum Receipts (e.g. from inheritances, insurance settlements, lottery winnings, capital gains)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
IRA, 401(k), or Keogh Account	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Capital Investments	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Real Estate	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Internet based funding/crowdsourcing accounts (e.g. GoFundMe)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Bitcoin/Cryptocurrency	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Universal or Whole Life Insurance policies	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Safety Deposit Boxes	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cash on Hand/Cash Savings	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Personal items held as an investment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other (list):	<input type="checkbox"/> Yes	<input type="checkbox"/> No

ASSETS DISPOSED OF FOR LESS THAN FAIR MARKET VALUE

I/We hereby certify that I/We have have not sold or given away any assets within the last two years where the amount received was \$1,000 or more below the total fair market value

If applicable: Identify assets sold or disposed of for fair market value

Household Member	Asset Type	Market Value	Date Sold/Disposed	Amount Received
		\$		\$
		\$		\$
		\$		\$
		\$		\$



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SPECIAL UNIT REQUIREMENT(S) QUESTIONNAIRE

Applicant name	
Applicant signature	Date

The following section is optional and is used to help determine eligibility for special accessible housing features. All answers will be verified.

Would you like to provide information to help determine your eligibility for special accessible housing features?

Yes No (If No, skip to the next page)

To qualify for an accessible unit, a household member must have a physical impairment that:

- is expected to be of long-continued and indefinite duration
- substantially impedes the person's ability to live independently
- is such that the person's ability to live independently could be improved by more suitable housing conditions

Do you or a household member have a mobility impairment which meets the definitions stated above? Yes No

If yes, list name(s) of family members:

Do you or a household member have a condition which requires (check those that apply):

- a separate bedroom
- a unit for a visually-impaired person
- a unit for a hearing-impaired person
- a barrier-free apartment
- a one-level unit
- a bathroom on the first floor
- other physical modifications, please explain: _____

Please explain exactly what you need to accommodate your situation:

Who should we contact to verify your need for the above housing features?

Name _____

Address _____

City	State	Zip	Phone
------	-------	-----	-------



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SIGNATURES

I/We understand the information in this application will be used to determine eligibility for housing assistance programs and that this information will be verified. I/We understand that any false information may make me/us ineligible for a unit. I/We hereby affirm that the foregoing information is true and complete to the best of my/our knowledge, and authorized the owner to make inquiries to verify the statement herein. I/We understand that if any of this information is false, misleading or incomplete, management may decline our application or, if move-in has occurred, terminate my/our lease agreement. I/We understand that any action(s) by myself/ourselves or my/our household members, whether verbal or nonverbal, that harass, intimidate, threaten or are perceived by management to harass, intimidate or threaten the health or safety of the management staff or interfere with the management of the property is grounds for management to decline my/our application for housing. I/We understand that if I/we or any member or my/our household suggest or offer bribes of money, material goods, etc., to the management staff responsible for determining either my/our placement on the waiting list or processing of my/our housing application is grounds for management to decline my/our application for housing. I/We authorize management to make any and all inquiries to verify this information, directly or through information exchanged now or later with rental and credit screening services, and to contact previous and current landlords or other sources for credit and verification information which may be released to appropriate federal, state or local agencies. If my/our application is approved, and move-in occurs, I/we certify that only the occupants listed on this application will occupy the unit, and that this will be my/our only residence. I/We agree to notify management in writing regarding any changes in household address, telephone numbers, income and household composition. My/Our signature(s), as indicated below, acknowledge that I/we have read and completed each section of this rental application, as applicable.

All household members age 18 or older (and under age 18 if Head, Spouse, or Co-Head) must sign and date below:

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

Applicant Signature	Date
Applicant Signature	Date
Applicant Signature	Date
Applicant Signature	Date
Applicant Signature	Date
Applicant Signature	Date
Applicant Signature	Date
Applicant Signature	Date
Applicant Signature	Date



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Housing History Disclosure

Property name **Riverbirch Greene**
 Unit number _____

Head of household
 Member name _____

Please provide the last 24 months of housing history. Each adult household member must complete this form at move-in.

This member has no address history from the required timeframe.
 (If this box is checked, please provide an explanation below.)

Explanation: _____

1.	Street Address: _____	State: _____	Zip Code: _____
City: _____			
Reason for leaving: _____			
Start Date (Month/Year): _____		End Date (Month/Year): _____	
(Check One) <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other _____			
Landlord Name: _____			Rent per month: _____
Landlord Phone: _____			This is my current address <input type="checkbox"/>
Is this a government subsidized development? <input type="checkbox"/> Yes <input type="checkbox"/> No			

2.	Street Address: _____	State: _____	Zip Code: _____
City: _____			
Reason for leaving: _____			
Start Date (Month/Year): _____		End Date (Month/Year): _____	
(Check One) <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other _____			
Landlord Name: _____			Rent per month: _____
Landlord Phone: _____			This is my current address <input type="checkbox"/>
Is this a government subsidized development? <input type="checkbox"/> Yes <input type="checkbox"/> No			

3.	Street Address: _____	State: _____	Zip Code: _____
City: _____			
Reason for leaving: _____			
Start Date (Month/Year): _____		End Date (Month/Year): _____	
(Check One) <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other _____			
Landlord Name: _____			Rent per month: _____
Landlord Phone: _____			This is my current address <input type="checkbox"/>
Is this a government subsidized development? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our 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 _____ Printed name _____ Date _____



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Emergency Contact Form

Property name Riverbirch Greene
Unit number

Head of household
Member name

APPLICANT/RESIDENT CONTACT INFORMATION:

Applicant/Resident Name: _____
Mailing Address: _____
Telephone No: _____ Cell Phone No: _____

EMERGENCY CONTACT INFORMATION (Optional):

Instructions: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Name of Emergency Contact Person or Organization: _____
Address: _____
Telephone No: _____ Cell Phone No: _____
Email Address (if applicable): _____
Relationship to Applicant: _____

Reason for Contact (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Emergency | <input type="checkbox"/> Assist with recertification process |
| <input type="checkbox"/> Unable to contact you | <input type="checkbox"/> Change in lease terms |
| <input type="checkbox"/> Termination of rental assistance (if applicable) | <input type="checkbox"/> Change in house rules |
| <input type="checkbox"/> Eviction from unit | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Late payment of rent | |

If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.

Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.

Signature of Applicant

Date



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Applicant / Tenant Sworn Income and Asset Statement

NOTE: All household members 18 years of age or older are required to complete a separate income and asset statement. All applicable questions must be completed in their entirety.

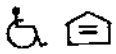
Name: _____

S.S.# (Last four digits): _____

Date: _____

Document **YES** answers with third party verification.

INCOME			
Income Sources	I have or receive the following: (Check YES or NO)	Monthly Amount	Notes
Job 1	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____	_____
Job 2	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____	_____
Self Employment	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____	_____
<i>Includes digital income sources such as and others: App Based Driving Services (e.g. Uber, Lyft, Doordash); Sales with E-commerce (e.g. Shopify, Ebay, Etsy); Video-based platforms (e.g. Youtube Influencer)</i>			
Social Security	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____	_____
Supplemental Security Income (SSI)	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____	_____
Pension / Veteran's Administration	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____	_____
TANF/ AFDC	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____	_____
Unemployment Benefits	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____	_____
Workers' Compensation	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____	_____
Educational Financial Assistance	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____	_____
Other: _____	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____	_____
Do you receive regular or periodic payments from:		Amount	Frequency
Persons not Living in the Unit? Holder/Provider: _____		YES <input type="checkbox"/> NO <input type="checkbox"/>	_____
Trust, Annuity or Other Claims? Holder/Provider: _____		YES <input type="checkbox"/> NO <input type="checkbox"/>	_____
Peer-to-Peer Payment Systems? (e.g. Paypal, Venmo, Blockchain, Square, etc.) Holder/Provider: _____		YES <input type="checkbox"/> NO <input type="checkbox"/>	_____
Do you currently receive Assistance with your housing payment? If yes; Agency Name? _____		YES <input type="checkbox"/> NO <input type="checkbox"/>	_____
Do you HAVE a court-order (or agreement) for child support or alimony? (This means there is an order for you to receive child support or alimony, not pay support to someone else)		YES <input type="checkbox"/> NO <input type="checkbox"/>	Ordered Amount: _____
Are you currently receiving child support or alimony?		YES <input type="checkbox"/> NO <input type="checkbox"/>	Amount Received: _____
Have reasonable efforts to collect the amounts due, including filing with courts or agencies responsible for enforcing payments, been made? List State _____ and County _____ where granted.		YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>	_____
Are you a student (either full or part-time) enrolled in an institution of higher learning?		YES <input type="checkbox"/> NO <input type="checkbox"/>	_____



ASSET SOURCES

- YES NO Do you have a Checking Account?
 YES NO Do you have a Savings/Holiday Account?
 YES NO Do you have a Certificates of Deposit (CD)?
 YES NO Do you have a Direct Express * Card?
 (or any card where benefits or pay are deposited)

6 Month Avg. Balance	\$ _____	Interest Rate	_____
Balance	\$ _____	Interest Rate	_____
Cash Value	\$ _____	Interest Rate	_____
Balance	\$ _____		

- YES NO Do you have Cash on Hand?
 YES NO Do you have Cryptocurrency? (e.g. Bitcoin)
 YES NO Do you have Internet Based Funding? (e.g. Go Fund Me)
 YES NO Do you have Stocks, Bonds or Annuities?
 YES NO Do you have Money Market or Mutual Funds?
 YES NO Do you have IRA, 401K, or Keogh Accounts?
 YES NO Do you have Treasury Bills?

Amount	\$ _____		
Cash Value	\$ _____	Annual Earnings	\$ _____
Cash Value	\$ _____	Annual Earnings	\$ _____
Cash Value	\$ _____	Annual Earnings	\$ _____
Cash Value	\$ _____	Annual Earnings	\$ _____
Cash Value	\$ _____	Annual Earnings	\$ _____

- YES NO Do you have a Safety Deposit Box? What is held in the Box? _____
 YES NO Do you have any Personal Property held as an Investment? *
 YES NO Do you own a Home, Rental Property or other Capital Investments?
 (Market Value less unpaid balance and selling costs = Cash Value)

		Cash Value	\$ _____
		Cash Value	\$ _____
		Cash Value	\$ _____

Current Status/Intention: Keeping Selling Renting Being Foreclosed Giving Away
 Notes: _____

- YES NO Have you received any Lump Sum Amounts? (e.g. inheritances, capital gains, lottery winnings, insurance settlements)
 When? _____ Amount: \$ _____

- YES NO Do you have Whole Life Insurance or Universal Life Insurance policies?
 Cash Value \$ _____ Annual Earnings \$ _____

- YES NO Have you sold, given away or otherwise transferred ownership of assets within the last two (2) years?
 If yes, list items: _____ Date: _____

- YES NO Are there minor children in the household that have any assets (Savings Account, Certificates of Deposit, Savings Bond(s), etc.)?
 If yes, please provide:
- | | | | |
|-------------|-----------------|-------------------|---------------------|
| Type: _____ | Value: \$ _____ | Where Held: _____ | Annual Yield: _____ |
| Type: _____ | Value: \$ _____ | Where Held: _____ | Annual Yield: _____ |
| Type: _____ | Value: \$ _____ | Where Held: _____ | Annual Yield: _____ |
| Type: _____ | Value: \$ _____ | Where Held: _____ | Annual Yield: _____ |

YES NO Other: _____ \$ _____ (Total Value of Assets Listed Above)

Total of Net Family Assets
**Personal property held as an investment may include, but is not limited to, gem or coin collections, art, antique cars, etc. Do not include necessary personal property such as, but not limited to, household furniture, daily-use autos, clothing, assets of an active business, or special equipment for use by the disabled.*

The information provided on this form will be used to determine maximum income eligibility.

Applicant/Tenant Signature	Date	Printed Name
Owner/Owner Agent Signature	Date	Printed Name

Under penalty of perjury, I certify that the information provided herein is true and accurate to the best of my knowledge. The undersigned further understands that providing false representation herein constitutes fraud. False, misleading or incomplete information may result in the termination of the application or lease agreement.



TO BE COMPLETED BY ALL APPLICANTS/TENANTS 18 AND OVER

Applicant/Tenant: _____

Yes No

Have you, are you or will you be a student this calendar year?

"Student" includes 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 or those pursuing a GED. **If you are not sure, please mark "yes" and the property management company will verify your student status, as well as any exceptions that you claim.**

If you answered NO, please skip the following questions and sign below.

If you answered Yes, please complete the following questions:

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Are you a full-time student? (Will you or have you attended school for five months or more this calendar year with a full-time status? The months do not need to be consecutive.) | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are you married? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you a single parent with a child(ren)? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes: | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Are you a dependent of someone else? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Is your child(ren) a dependent of someone other than a parent? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are you receiving assistance under Title IV of the Social Security Act (e.g.TANF)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are you enrolled in a government-sponsored job training program (e.g. Job Corp, AmeriCorp)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Were you previously in foster care at any time through the age of 18? | <input type="checkbox"/> | <input type="checkbox"/> |

The following questions apply only to households applying for/assisted by a HUD or HOME program. If you are not applying for/assisted by a HUD or HOME program, please skip the remaining questions and sign below.

- | | | |
|--|--------------------------|--------------------------|
| 7. Are you disabled? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, were you receiving Section 8 assistance as of November 30, 2005? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Are you over 23 years of age? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Do you have a dependent child(ren)? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, does your child(ren) live with you at least 50% of the time? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Are you a veteran of the Armed Forces of the United States or currently serving on active duty in the Armed Forces other than training purposes? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Will you be living with your parents? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Are your parents receiving or eligible to receive Section 8 assistance? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Are you claimed as a dependent on your parent's tax return? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Do you receive financial assistance from your parents? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Have you established a household separate from parents or legal guardians for at least one year prior to application for occupancy? | <input type="checkbox"/> | <input type="checkbox"/> |
| If no: | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Were you an orphan or a ward of the court through age 18? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Are you a graduate or professional student? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Are you receiving any financial aid to pay for your education? | <input type="checkbox"/> | <input type="checkbox"/> |

Owner/owner agent is responsible for reviewing Student Independence Verification Requirements.

Signature _____

Date _____

Under penalty of perjury, I certify that the information provided herein is true and accurate to the best of my knowledge. The undersigned further understands that providing false representation herein constitutes fraud. False, misleading or incomplete information may result in the termination of the application or lease agreement.



Race and Ethnic Data Reporting Form

U.S. Department of Housing and Urban Development
Office of Housing

OMB Approval No. 2502-0204
(Exp. 06/30/2017)

Riverbirch Greene 1485 1/2 Delaware St
Name of Property **Project No.** **Address of Property**

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.

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 should check as many as apply to you.
 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.