



Renewal Checklist Items

---

Household Name

---

Renewal Date

---

UNIT

1. Have 5 paystubs if you are paid bi-weekly and 10 if paid weekly. (Signed EV for HOME)
2. Divorce decree – if applicable
3. Child support court order – if applicable
4. Last month of checking statements
5. Last month savings
6. Pre-paid (cash app, SmiOne, Direct Express...) 1 statement
7. Any additional income (Social Security, Family contribution, ...)
8. Family Law case history form the courthouse 1 year
9. Vehicle Registration
10. COMPLETED RENEWAL PACKET THEN MAKE AN APPOINTMENT FOR RETURNING OF PACKET (ALL ADULTS MUST BE PRESENT FOR THE APPOINTMENT)

## Verification of Employment Income

Employer Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_

The person listed below has made an application for residency in our community. This rental community requires documentation of income as part of the qualification process. The applicant has indicated that he/she is employed by your organization and has given us authorization to request the following needed information.

Employee Name: \_\_\_\_\_ SS#: XXX-XX- \_\_\_\_\_

### Employee's Consent:

I authorize my employer to release the above requested information to the named community. I also understand that information provided by my employer will no way be considered a binding contract from my employer.

Employee Signature: \_\_\_\_\_ Title/Position: \_\_\_\_\_ Date: \_\_\_\_\_

## Employers - please fully and clearly answer sections 1 through 5

1. Date of Hire: \_\_\_\_\_

2. Current Wages/Salary: \$ \_\_\_\_\_ ☐ If Hourly – Average Number Hours per Week \_\_\_\_\_  
☐ Bi-weekly ☐ Weekly ☐ Semi-monthly  
☐ Monthly ☐ Annually ☐ If other explain \_\_\_\_\_

3. Is overtime (OT) available? ☐ No ☐ Yes  
If yes, OT rate \$ \_\_\_\_\_ Average Number Hours per Week \_\_\_\_\_

4. Are commissions, tips, bonuses, shift differential or any other income available?  
☐ No ☐ Yes If yes, list amount \$ \_\_\_\_\_ (check one)  
☐ Bi-weekly ☐ Weekly ☐ Semi-monthly  
☐ Monthly ☐ Annually  
☐ If other explain \_\_\_\_\_

5. Any pay increase anticipated in the next twelve months?  
☐ No ☐ Yes If yes, enter effective date \_\_\_\_\_, % Increase \_\_\_\_\_%

Under penalty of perjury, I herby certify that I am authorized to release this information and all payroll information for employees of the above-named company. In addition, I certify that the information supplied in this section is true and complete and it includes all anticipated income expected to be earned by this employee. Also, that I understand, that federal and state law prohibits employers from providing false or inaccurate income information.

Employer Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Title: \_\_\_\_\_ E-mail: \_\_\_\_\_

This statement cannot be handled by the employee,  
please fax, email, or mail from your office to the address shown on the coversheet.

## Declaration of Child Support Income

Applicant's Name: \_\_\_\_\_

Unit Number: \_\_\_\_\_

***Non-custodial parent's name:*** \_\_\_\_\_

***List only child/children from the absent non-custodial parent listed above:***

Child/Children Name: \_\_\_\_\_  
\_\_\_\_\_

A. Do you receive child support? ☐ No ☐ Yes

**If yes,** list amount \$ \_\_\_\_\_ (check one) ☐ Weekly ☐ Bi-weekly ☐ Semi-monthly  
☐ Monthly ☐ Annually  
☐ If other explain \_\_\_\_\_

**If yes,** is your child support ☐ voluntary or ☐ court ordered? *\*mark one option*

**If court ordered,** date the order was established: \_\_\_\_\_ (MM/YY format required)

*\*Note: If court order was established less than 3 months ago, a copy of the court order is required.*

Under penalty of perjury I hereby certify that all the above information is correct, and that I understand that failure to provide accurate information will result in denial of my application or immediate termination of my lease agreement. Furthermore I understand that the community for which application is being made is finance through a program governed by the Internal Revenue Services wherein qualification for occupancy requires that certain income, including child support be included and verified.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

## Student Eligibility Declaration

Applicant's Name: \_\_\_\_\_

Unit Number: \_\_\_\_\_

This rental community has received funding from a program which does not generally allow occupancy by households comprised entirely of full-time students.

**Did you attend school or university at any time during the current calendar year?**

☐ No ☐ Yes Starting date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

**Do you plan to attend school or university next year and/or in the remainder of this year?**

☐ No ☐ Yes Starting date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

**Based on the below definition and answers to the questions above, I am:**

Full-time is defined as those that have attended, are attending, or who will attend public or private elementary schools, middle or junior high schools, senior high schools, colleges, universities, technical, trade, or mechanical schools (does not include those attending on-the-job training courses) for five months during the current calendar year (months need not be consecutive).

☐ Not a Student

☐ Part-Time Student ***MUST complete a "Student Income Certification"***

*\*If all household members are students, provide from the school a completed Student Verification form*

☐ Full-Time Student ***MUST complete a "Student Income Certification"***

*\*When counting only \$480 (as adjusted for inflation) of the full-time student's income, provide Student Verification form*

**Only when a Full-Time Student check which applies:**

☐ At least one household member will be residing in the unit who is NOT a full-time student.

*List such household member: \_\_\_\_\_*

☐ I am married and entitled to a joint tax return

*PLEASE PROVIDE: A signed copy of most recent tax return or copy of marriage certificate*

☐ I am a single parent with child(ren), I am not a dependant of another individual and the child(ren) is/are not dependent(s) of someone other than a parent

*PLEASE PROVIDE: A signed copy of most recent tax return*

☐ Our household is currently receiving assistance under Title IV of the Social Security Act (e.g. AFDC or TANF)

*PLEASE PROVIDE: A third-party verification of AFDC or TANF award*

☐ I am a full-time student who previously was under the care and placement of a fostercare program

*PLEASE PROVIDE: Third party verification of participation of foster care program*

☐ I am enrolled in a job training program receiving assistance under the Job Training Partnership Act (JTPA) or other similar federal, state, or local laws

*PLEASE PROVIDE: A third-party verification of participation in such program and the programs mission statement*

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

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

# Student Eligibility Questionnaire

For LIHTC Units with HOME and/or Sec 8

Applicant's Name: \_\_\_\_\_ Application for HOME and/or Sec 8? ☐ Yes ☐ No

**LIHTC Student Definition** - Full-time students are those attending or who will attend public or private elementary schools, middle or junior high schools, senior high schools, colleges, universities, technical, trade, or mechanical schools (does not include those attending on-the-job training courses) for five months during the current and/or upcoming calendar year (months need not be consecutive). If you graduated from school or university during the current calendar year, you are also considered full-time student.

**HOME and/or Sec 8 Student Definition** - A student is an individual who is enrolled as a student part-time or full-time at an institution of higher education, who is under the age of 24, not a veteran, not married, is not a person with disabilities, and does not have a dependent child.

Answer the questions in I through III below based on the student definitions above as applicable:

## I. LIHTC

Did you graduate from school or university during the current calendar year? ☐ Yes ☐ No

Based on the definition above, is everyone in the household a full-time student? ☐ Yes ☐ No If "Yes," be sure to complete "A" below

## II. HOME and/or Sec 8

Will you be moving into a HOME and/or Sec 8 unit? ☐ Yes ☐ No If "No", proceed to III  
If "Yes", answer the next question

Based on the definition above, are you currently or do you anticipate becoming a student at an institution of higher education, full or part-time? ☐ Yes ☐ No If "No", **household is eligible**  
If "Yes", be sure to complete "B" below

## III. Are there any adult household members that are either full or part-time students? ☐ Yes ☐ No

If "Yes," the adult student(s) must complete a Student Income Certification.

### A. Applicable Exemptions - Only complete if you answered "Yes" to question "I" above.

- ☐ I am married and entitled to a joint tax return.
- ☐ I am a single parent with child(ren), I am not a dependent of another individual and the child(ren) is/are not dependent(s) of someone other than a parent.
- ☐ I am a full-time student who previously was under the care of a foster care program and are currently transitioning into independent living.
- ☐ I do not meet any of the above exemptions and therefore are NOT eligible to reside in a LIHTC community that has HOME and/or Sec 8. However, do meet one of the following LIHTC exceptions:
  - ☐ At least one household member will be residing in the unit who is not a full-time student.
  - ☐ Our household is currently receiving assistance under Title IV of the Social Security Act (e.g. AFDC or TANF)
  - ☐ I am enrolled in a job training program receiving assistance under the Job Training Partnership Act (JTPA) or other similar federal, state, or local laws.

### B. Applicable Exemptions - Only complete if you answered "Yes" to the second question in part "II" above.

1. Are you over 24 year of age? ☐ Yes ☐ No
2. Are you a veteran? ☐ Yes ☐ No
3. Are you married? ☐ Yes ☐ No
4. Do you have a dependent child living with you? ☐ Yes ☐ No
5. Are you a person with a disability and was receiving Section 8 assistance as of 11/30/2005? ☐ Yes ☐ No

If you answered yes to any of the questions above, skip questions 6-8 below. Otherwise, continue.

6. Are you or your parents eligible for Section 8 assistance? ☐ Yes ☐ No
7. Are you independent from your parents? ☐ Yes ☐ No
8. Are you receiving any financial assistance to help pay for your education? ☐ Yes ☐ No

A "Yes" answer to any of the above may require additional supporting documentation.

If "No" to all of the above, the household is ineligible to reside in an LIHTC unit with HOME and/or Sec 8.

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

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Verification of Assets

This Asset Verification is being delivered in connection with the undersigned's eligibility for residency:  
(Stamp Property Address Below)

Contemporary Housing Alternatives of Florida, Inc.  
5345 Laurel Place Clearwater, FL 33760  
Ofc: 727-522-1504 Fax: 727-522-0713

I hereby grant disclosure of the information required below.

Printed Name: \_\_\_\_\_ Social Security #: XXX-XX-\_\_\_\_\_  
Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yy)

### TO BE COMPLETED BY BANKING INSTITUTION

The above-named individual has applied for residency or is currently residing in housing that requires verification of all assets and income from assets. Please provide the information requested below:

CHECKING ACCOUNT	SAVINGS ACCOUNT
Account number:	Account number:
Current balance: \$	Current balance: \$
Annual percentage rate of interest: %	Annual percentage rate of interest: %
OTHER (please describe):	OTHER (please describe):
Account number:	Account number:
Current balance: \$	Current balance: \$
Annual percentage rate of interest: %	Annual percentage rate of interest: %
Penalty for early withdrawal:	Penalty for early withdrawal:

I hereby certify that the information supplied in this section is true and complete to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yy)  
Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Title: \_\_\_\_\_ Fax: \_\_\_\_\_  
Banking Institution \_\_\_\_\_

BANKING INSTITUTION  
STAMP  
REQUIRED

#### 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 and any owner (or any employee of HUD or the owner) may be subject to penalties for 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). Violation of these provisions are cited as violations of 42 U.S.C. 408 (f), (g) and (h).

I. Resident Information

Resident’s Name: \_\_\_\_\_

Driver License #: \_\_\_\_\_ State: \_\_\_\_\_

Last Four SS #: XXX-XX-\_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (MM/DD/YY format ONLY)

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Student Status:   ☐ Full Time   ☐ Part Time   ☐ Not Student

Resident’s Marital Status:        ☐ Married                ☐ Separated                ☐ Widowed                ☐ Divorced                ☐ Never Been Married

II. Other Household Members

List all children who are dependent of persons listed on this application:

Check Student Status:

Name: \_\_\_\_\_ Current Age: \_\_\_\_\_ DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_   ☐ F/T ☐ P/T ☐ Not Student

Name: \_\_\_\_\_ Current Age: \_\_\_\_\_ DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_   ☐ F/T ☐ P/T ☐ Not Student

Name: \_\_\_\_\_ Current Age: \_\_\_\_\_ DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_   ☐ F/T ☐ P/T ☐ Not Student

Name: \_\_\_\_\_ Current Age: \_\_\_\_\_ DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_   ☐ F/T ☐ P/T ☐ Not Student

A) Are there any other household members **NOT** listed on this or a separate application (i.e., spouse, absent spouse, roommate, or other)?  
☐ NO     ☐ YES    **If yes, please explain:** \_\_\_\_\_

B) Does anyone in the household anticipate changes to “Student Status” within this calendar year?   ☐ NO ☐ YES  
**If yes** above, list name(s): \_\_\_\_\_ Anticipated Change(s): \_\_\_\_\_

III. Employment History

Resident’s Current Employer:

Employer’s Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Supervisor’s Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Anticipated Gross Annual Income: \_\_\_\_\_ Hire Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (MM/DD/YY format)

IV. Other Sources of Income

Resident’s Other Income:

Source:			Gross Amount Received:	Frequency (mark one):	
SSI/SSA:	<input type="checkbox"/> NO	<input type="checkbox"/> YES	\$ _____	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Other: _____
Retirement/Pension:	<input type="checkbox"/> NO	<input type="checkbox"/> YES	\$ _____	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Other: _____
Unemployment:	<input type="checkbox"/> NO	<input type="checkbox"/> YES	\$ _____	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Other: _____
Recurring Contribution:	<input type="checkbox"/> NO	<input type="checkbox"/> YES	\$ _____	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Other: _____
AFDC/TANF:	<input type="checkbox"/> NO	<input type="checkbox"/> YES	\$ _____	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Other: _____
Child Support or Alimony:	<input type="checkbox"/> NO	<input type="checkbox"/> YES	\$ _____	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Other: _____
Have Child Support Court Order	<input type="checkbox"/> NO	<input type="checkbox"/> YES	\$ _____	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Other: _____
Military Service	<input type="checkbox"/> NO	<input type="checkbox"/> YES	\$ _____	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Other: _____
Other:	<input type="checkbox"/> NO	<input type="checkbox"/> YES	\$ _____	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Other: _____

If other, list source: \_\_\_\_\_

V. Household Assets

Does any household member on this application (including children) have a checking or savings account, IRA, CD, Bonds, Real Estate, or any other type of assets?

☐ NO ☐ YES    **If yes, list type of asset and name of institution:**

Resident	Child	Type of Asset	Institution
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

Has anyone in your household disposed of any assets in the past twenty-four (24) months?

☐ NO ☐ YES    **If yes, explain:** \_\_\_\_\_

VI. General Information

Has anyone in your household been convicted of a felony? ☐ NO ☐ YES **If yes, list name(s):** \_\_\_\_\_

VII. Acknowledgement and Authorization

Under penalty of perjury, I certify that the information presented in this application is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information will result in denial of my application for residency or the immediate termination of the lease agreement. All persons contacted in relation to this acknowledgement and authorization, may freely give any requested information concerning me, including but not limited to credit, criminal, employment and rental history, and I hereby waive all right of action for any consequence resulting from such information.

Resident’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (MM/DD/YY format ONLY)