**APPLICATION for LOW INCOME HOUSING TAX CREDIT (LIHTC) PROPERTY**

**Property Name** Legacy Senior Residences - Arvada, CO **Unit #** _____ **No. of Bedrooms** _____

**Phone (home)** _____ **(Cell)** _____ **(work)** _____

**Current Address:** _____

**Email Address** _____

**PLEASE PRINT. PLEASE ANSWER ALL QUESTIONS! Do not leave any space or blanks, write "NO or N/A" where appropriate.**

**PART I - FAMILY COMPOSITION - To be completed by applicant**

**Directions to Applicant: All adults must complete their own full application with their own income and asset information, even when married to the another adult in their household. Please list each member of your household, whether or not those members are related. Include all members who you anticipate will live with you at least 50% of the time during the next 12 months.**

| Name ALL People to Occupy Unit LAST NAME FIRST MI | DOB | Age | Sex | Relationship | Social Security # | Student? "Yes" or "No" | If "Yes" PT or FT |
|---|---|---|---|---|---|---|---|
| | | | | HEAD | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |
| 4. | | | | | | | |
| 5. | | | | | | | |
| 6. | | | | | | | |

**Please complete the following questions:**

**(1) Spouse's Maiden Name:** _____

**(2) Do you expect any changes in the household composition in the next 12 months?** _____

_____

**(3) Do you or any other adult members of the household anticipate a change to the current income information within the next 12 months (i.e. seeking employment, expecting child support/alimony, expecting a promotion, etc.)? Y/N _____ (please describe)**

_____

**(4) Do all of the above household members reside in the household 100% of the time? Y/N _____ If no, please list the household members that do not live in the household 100% of the time:** _____

**(5) Are all occupants' full time students? Yes _____ No _____ If Yes, please answer the following:**

**a) Are any of the students married and already filing a joint Federal Income Tax Return with their spouse? Yes _____ No _____ (If yes, and all household members are full time students, attach a copy of the Signed Federal Income Tax Return).**

**b) Are any of the students receiving assistance under Title IV of the Social Security Act, which includes but is not limited to TANF/TAFF/AFDC? Yes _____ No _____**

**c) Are any of the students enrolled in a job training program receiving assistance under the Workforce Investment Act or under similar Federal, State or local laws? Yes _____ No _____**

**d) Are any of the students a single parent with minor child(ren) and neither the student, nor any of the minor child(ren) in the household are claimed as a dependent of a third party? Yes _____ No_____**
**(If yes, and all household members are full time students, a signed copy of your Tax Return and Divorce Decree must be attached).**

**e) Have any of the students ever been in Foster Care? Yes _____ No_____**

**(6)** **a) Does any adult member of the household anticipate enrolling in the next twelve (12) months as a student? Yes _____ No _____ If yes, who _____**
Name of School(s): _____ Address: _____

**b) Has any member of the household been a student within the CURRENT calendar year? Yes_____ No_____ IF YES, please identify the member and circle if student status was full or part time**. _____ pt time full time

_____ pt time full time _____ pt time full time _____ pt time full time

## PART I - FAMILY COMPOSITION (CONTINUE) - To be completed by applicant

**(7)** **Current Marital Status: Single ____ Married ____ (date_____) Divorced ____ (date_____) Separated ____ (date_____) Widowed ____ (date_____)**

## PART II - HOUSEHOLD INCOME - To be completed by applicant

**For questions (8) through (27), indicate the amount of anticipated income for all household members named in the table on page 1 (for minors, unearned income amounts only), during the 12 month period beginning this date. If you are uncertain which types of income must be included or may be excluded, please ask the management personnel for assistance.**

| | |
|---|---|
| **(8) Wages or salaries (include overtime, tips, bonuses, commissions and payments received in cash)** | **$** _____ |
| **(9) Child support (include child support you are entitled to but may not be receiving)** | **$** _____ |
| **(10) Alimony (include alimony you are entitled to but may not be receiving)** | **$** _____ |
| **(11) Social Security** | **$** _____ |
| **(12) Supplemental Security Income (SSI)** | **$** _____ |
| **(13) Cash Public Assistance - ADC, TANF, Aid to Families w/Dependent Children (AFDC)** | **$** _____ |
| **(14) Veterans Administration Benefits** | **$** _____ |
| **(15) Pensions and/or Annuities** | **$** _____ |
| **(16) Unemployment Compensation** | **$** _____ |
| **(17) Disability, Death Benefits and/or Life Insurance Dividends** | **$** _____ |
| **(18) Workers' Compensation** | **$** _____ |
| **(19) Severance Pay** | **$** _____ |
| **(20) Net Income from a Business** | **$** _____ |
| *** Self Employment – Rental Property, land contracts, Door Dash, Uber, Eats, Uber or other delivery service is counted*** | |
| **(21) Required Minimum Distributions or Monthly Payments from Retirement Accounts** | **$** _____ |
| **(22) Regular Contributions and/or Gifts from Person not residing at unit** | **$** _____ |
| **(23) Lottery Winnings or Inheritances (paid as an annuity)** | **$** _____ |
| **(24) All regular pay paid to members of the Armed Forces (Military Pay)** | **$** _____ |
| **(25) Education Grants, Scholarships or Other Student Benefits (including other sources i.e. parents)** | **$** _____ |
| **(26) Long Term Medical Care Insurance Payments in excess of $180.00 per day** | **$** _____ |
| **(27) Other Consistent Income Sources** _____ | **$** _____ |

| | |
|---|---|
| TOTAL | $ _____ |
| **(28) Total Gross Annual Income from Previous Year** | $ _____ |
| | |
| **PART III - ASSET INCOME - To be completed by applicant** | |

**CURRENT ASSETS - List all assets currently held by all household members and the cash value of each. The Cash value is the market value of the asset minus reasonable costs there were, or would be, incurred in selling or converting the asset to cash.**

**YES NO CASH VALUE/APY**

**Do You or Anyone in Your Household Have:**

| | | | |
|---|---|---|---|
| **(29)** | **Savings Account?** | **$ _____ APY _____** | **Bank _____** |
| **(30)** | **Checking Account?** | **$ _____ APY _____** | **Bank _____** |
| **(31)** | **Certificates of Deposit?** | **$ _____ APY _____** | **Bank _____** |
| **(32)** | **Safety Deposit Box?** | **$ _____ APY _____** | **Bank _____** |
| **(33)** | **Trust Account?** | **$ _____ APY _____** | **Bank _____** |
| **(34)** | **Any Stocks or Securities, Treasury Bills?** | **$ _____ APY _____** | **Bank _____** |
| **(35)** | **Mutual Funds?** | **$ _____ APY _____** | **Bank _____** |
| **(36)** | **Savings Bonds?** | **$ _____ APY _____** | **Bank _____** |
| **(37)** | **Money Market Account?** | **$ _____ APY _____** | **Bank _____** |
| **(38)** | **Cash on Hand?** | **$ _____** | |
| **(39)** | **Pre-paid Debit Cards?** | **$ _____** | **Held _____** |
| **(40)** | **Venmo or CashApp Account** | **$ _____** | ***Must Provide Current Month's Statement** |
| **(41** | **PayPal Account** | **$ _____** | ***Must Provide Current Month's Statement** |
| **(42)** | **BitCoin or Acorns Account** | **$ _____** | ***Must Provide Current Month's Statement** |

**(43) _____ _____ Do you or any other member of your household have any Whole or Universal Life Insurance Policies? Is so who is this listed with: _____**

**Cash Value $_____**

**(44) _____ _____ Have any Personal Property held as an Investment (this includes: paintings, artwork, collector or show cars, jewelry, coin or stamp collections, antiques etc.)? Cash Value $_____**

**(45) _____ _____ Own equity in real estate, rental property, land contracts/contract for deeds or other real estate holdings or other capital investments (this includes your personal residence, mobile homes, vacant land, farms, vacation homes, or commercial property)?**

**If yes, Type of Property: _____**
**Location of Property: _____**
**Appraised Market Value: _____**
**Mortgage or Outstanding loans balance due: _____**
**Amount of Annual Insurance Premium: _____**
**Amount of most recent tax bill: _____**

## PART III - ASSET INCOME (CONTINUE) - To be completed by applicant

**(46) _____ _____ Have you sold or disposed of any property in the last 2 years?**

**If yes, type of property: _____**
**Market Value when sold or disposed: _____**
**Amount sold or disposed for: _____**
**Date of Transaction: _____**

**(47) _____ _____ Received any Lump Sum Receipts? (Include inheritances, capital gains, lottery winnings, insurance settlements and other claims)? When _____ Cash Value $_____**
**Where are Funds Held? _____**

**(48) _____ _____ Have you disposed of any other assets in the last 2 years (Example: given money away to relatives, set up Irrevocable Trust Accounts)?**

**If yes, describe the asset: _____**
**Date of Disposition: _____**
**Amount disposed: _____**

**(49) _____ _____ Do you have any other assets not listed above (excluding personal property)?**

**If yes, please list: _____**

## PART IV - EMPLOYMENT HISTORY - To be completed by applicant

**(50) Head's Current Employer: _____**
**Start Date: _____ Supervisor: _____**

**Salary: $_____ Circle One: Annually Weekly Bi-weekly Monthly**

**Employer Address: _____**
**Address City State Zip Phone**

**(51) Head's Previous Employer: _____**
**Start Date: _____ End Date: _____ Supervisor: _____**

**Salary: $_____ Circle One: Annually Weekly Bi-weekly Monthly**

**Employer Address: _____**
**Address City State Zip Phone**

**(52) Spouse Co-Head or Other Applicant 1 Current Employer: _____**
**Start Date: _____ Supervisor: _____**

**Salary: $_____ Circle One: Annually Weekly Bi-weekly Monthly**

**Employer Address: _____**
**Address City State Zip Phone**

**(53) Spouse Co-Head or Other Applicant 1 Previous Employer: _____**
**Start Date: _____ End Date: _____ Supervisor: _____**

**Salary: $_____ Circle One: Annually Weekly Bi-weekly Monthly**

**Employer Address: _____**
**Address City State Zip Phone**

**PART V - CREDIT REFERENCES (CELLPHONE, CREDIT CARD, OTHER SOURCES OF MONTHLY PAYMENTS MADE TO COMPANIES - To be completed by applicant**

| | Name | Address -/ Phone | Monthly Payment |
|---|---|---|---|
| (54) | | | $ |
| (55) | | | $ |

**PART VI – RENTAL HISTORY - To be completed by applicant**

**(56) Residence History: Current & Previous Landlords: (Past 2 years residence including any owned by applicants.)**

| Current Address City State, Zip | | Rent/Month | | Move in Date | | Reason for Leaving |
|---|---|---|---|---|---|---|
| | | Utilities/month | | Move Out Date | | Is Landlord a family member or friend? |

| Landlord Name | | Landlord Address | | Landlord Phone |
|---|---|---|---|---|
| | | | | |

| Previous Address City State, Zip | | Rent/Month | | Move in Date | | Reason for Leaving |
|---|---|---|---|---|---|---|
| | | Utilities/month | | Move Out date | | Is Landlord a family member or friend? |

| Landlord Name | | Landlord Address | | Landlord Phone |
|---|---|---|---|---|
| | | | | |

**Drivers License # of applicant _____ state issued _____ Resident_____**
**Drivers License # of applicant _____ state issued _____ Resident_____**
**Drivers License # of applicant _____ state issued _____ Resident_____**
**Drivers License # of applicant _____ state issued _____ Resident_____**

**PART VII - OTHER - To be completed by applicant**

**(57) Do you have full custody of your child (ren)? Explain the custody arrangements: _____**

**(58) Would you or any members of your household benefit from a handicapped-accessible unit? Yes_____ No_____**
**If yes, explain: _____**

**(59) Have you ever been evicted? Yes_____ No_____**
**If yes, explain: _____**

**(60) Have you ever filed for bankruptcy? Yes_____ No_____**
**If yes, explain: _____**

**(61) a) Have you ever been convicted of a felony? Yes_____ No_____ If yes, explain: _____**
**b) Have you ever been convicted and a registered sex offender either nationally or in any state? Yes_____ No _____**

**PART VII - OTHER (CONTINUE) - To be completed by applicant**

**(62)** **Will your household be receiving Section 8 rental assistance at the time of move-in? Yes_____ No_____**

**(63)** **Will you household be eligible or are you applying to receive Section 8 rental assistance in the next 12 months?**
**Yes _____ No _____**
**Explain:** _____

**(64)** **Have you ever received rental assistance? Yes_____ No_____**
**If yes, explain:** _____

**a. Has your rental assistance ever been terminated for fraud, non-payment of rent or failure to recertify?**
**Yes _____ No_____ If yes, explain:** _____
_____

**(65)** **Will this be your only place of residence? Yes_____ No_____**

**If no, explain:** _____

**PART VIII - RESIDENT'S STATEMENT - To be completed by applicant**

**(66)** **Do you have a legal right to be in the United States: (check one that applies)**

**_____ Yes, because I am a United States Citizen**
**_____ Yes, because I have valid documentation from the Bureau of Citizenship and Immigration Services (formerly The Immigration and Naturalization Service)**
**_____ No**

**If you answered "Yes" because you are a non-U.S. citizen with valid documentation, you must provide documentation and complete paperwork required by the Department of Housing and Urban Development, so we can verify that you are a NonCitizen with eligible immigration status.**

**PART IX – SPECIAL NEEDS - To be completed by applicant**

**(67)** **Does anyone your household have special needs? (Y/N)_____**

**(68)** **Special living accommodations required? (Y/N)_____**

**If yes please explain:**_____
_____
_____
_____

**(69)** **Does anyone in the household have any pets? If so, what kind?** _____

**(70)** **Does anyone in the household have a service animal? If so, what kind?**_____
**(proper documentation required on Property's form and verified annually)**

**PART X – IN CASE OF EMERGENCY, NOTIFY: - To be completed by applicant**

| Name / Relationship | | Address | | Phone |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |

**PART XI - RESIDENT'S STATEMENT - To be completed by applicant**

**I/we understand that the above information is being collected to determine my/our eligibility for residency. I/we authorize the owner/manager to verify all information provided on this Application/Certification and my/our signature is our consent to obtain such verification. I/we certify that I/we have revealed all assets currently held or previously disposed of and that I/we have no other assets than those listed on this form (other than personal property). I/we further certify that the statements made in this Application/Certification are true and complete to the best of my/our knowledge and belief and are aware that false statements are punishable under Federal law. I hereby make application to lease and agree that the rent is payable the first day of each month in advance. As consideration, I paid a deposit and application fee. Balance of deposit to be paid upon execution of the lease unless otherwise stated in the lease. I understand that, in addition, my application fee will be retained, to offset the Landlords cost, time, and effort in processing my application. Upon acceptance of this application, I agree to execute a lease. I recognize that, as a part of your procedure for processing my application, an investigative consumer report may be prepared whereby information is obtained regarding my credit history, employment history, criminal history, and housekeeping history. This inquiry includes information as to my character, reputation, personal characteristics, and mode of living. I understand that I may have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of this investigation. In the event this application is accepted, but I subsequently refuse to sign a lease and/or take possession of the premises, the deposit will be forfeited as damages. I state that the information I have provided is true and correct to the best of my knowledge.** ***Note: If Applicant is under 19 in the State of Nebraska or under 18 in the State of Iowa, the applicant is considered a minor; therefore, a Guarantor is required.***

**I understand that all funds are deposited when they are received, application fees are non refundable. If the application is denied the deposit refund will be issued by mail to the address provided on this application.**

**Most Properties participate in online payments only, I acknowledge this policy is in place and agree to make payments via the Online Tenant Portal OR other method as directed. I understand personal checks, money orders and/or cash will not be accepted.**

**SIGNATURE OF ALL PARTIES TO THIS APPLICATION, 18 YEARS OR OLDER:**

**Applicant Signature (Head)** **Date**

**Applicant Signature (Co-Head)** **Date**

**Other Applicant Signature** **Date**

**Other Applicant Signature** **Date**

**To be completed by Owner / Property Manager:**

**OWNER'S STATEMENT: Based on the representations herein and upon the proof and documentation obtained, the household named in Section 1 of this Application/Certification is eligible under the provisions of Section 42 of the Internal Revenue Code, as amended, to live in a unit in the development. Based on the representations herein and upon the proofs and documentation obtained, the household constitutes a low-income resident who's anticipated annual income for the next twelve months does not exceed:**

**For Initial Application:** **$_____ (Income Limit for Household Size)**

**For Recertification:** **$_____ (Current Income Limit for Household Size)**
**x 140% (multiplied x 140%)**
**$_____ TOTAL**

**Signature of Owner's or Developer's Authorized Representative: _____ Date_____**

| FOR OFFICE USE ONLY | |
|---|---|
| Community | Date Apartment Needed |
| Address | Apartment Number |
| Concessions (if any) | Apartment Type |
| Monthly Rent | Application Fee |
| Security Deposit | Length of Lease Term |
| Application Taken By | |

## VERIFICATION SUMMARY (FOR OFFICE USE ONLY)

| | | |
|---|---|---|
| Landlord History ☐ yes ☐ no | | Credit Acceptable ☐ yes ☐ no |
| Does Income meet qualifying standards? ☐ yes ☐ no | | Does Applicant Meet Qualifying Standards? ☐ yes ☐ no |

| | |
|---|---|
| By: | Manager's Approval: |
| Date Applicant Notified: | By Whom: |
| (Must contact applicant within 24 Hours) | |

# TENANT RELEASE AND CONSENT

I/We _____, the undersigned hereby authorize all persons or companies in the categories listed below to release without liability, information regarding employment, income, and/or assets to, for purposes of verifying information on my/our apartment rental (owner or agent) application.

## INFORMATION COVERED

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identity; employment, income, and assets; medical or child care allowances. I/We understand that this authorization cannot be used to obtain any 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 | Welfare Agencies | Veterans Administration |
| Previous Landlords (including Public Housing Agencies) | State Unemployment Agencies | Retirement Systems |
| | Social Security Administration | Banks and other Financial Institutions |
| Support and Alimony Providers | Medical and Child Care Providers | |

## CONDITIONS

I/We agree that a photocopy of this 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 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 |

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. I A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, “REQUEST FOR COPY OF TAX FORM” MUST BE PREPARED AND SIGNED SEPARATELY.

# MARITAL STATUS FORM

**(The use of white out, black out, or alteration of original information will void this document.)**

| | | | | | |
|---|---|---|---|---|---|
| Project Name: | Legacy Senior Residences | | | Date: | |
| Applicant/Tenant: | | Last 4 SSN: | | Apt. #: | |

☐ **Married** ☐ **Single** ☐ **Divorced** ☐ **Widow** ☐ **Separated**

**If divorced, please attach a copy of the recorded legal agreement.**

☐ **Y** ☐ **N** A.) Are you legally separated from your spouse?
If **"Yes"**, please attach a copy of your current legal separation agreement.

If **"No"**, please continue with questions b, c, and d.

B.) My reasons for not pursuing legal action are:
_____

C.) My future plans for pursuing legal action are:
_____

D.) I currently receive $_____ per ☐ week ☐ month ☐ year from my spouse for Spousal Support. Please list all assets currently in both names (checking account, savings account, real estate, etc.).
_____
_____

I will report any and all changes to my living situation. This includes, but is not limited to, changes in my income, household composition and marital status. I will not allow my spouse or other individuals to move into my apartment without prior written approval from management. I understand that if I do, this will be a breach of my lease agreement and may be considered 'other good cause' for eviction.

_____ _____

Applicant/Tenant Signature Date

**NOTE:** Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

# asset certification

**Instructions:** Please complete both Sections 1 and 2. Complete **one** form per household. Include any assets you own or co-own and assets of children. Exclude assets held by foster children, foster adults, or live-in aides. Do not leave any blanks. Use N/A if a box is not applicable.

| Head of Household | Unit Number |
|---|---|
| | |

## section 1 please choose one of the following

☐ I/We do not have any assets at this time. If checked, skip to Section 2 below.

☐ I/We have assets. My/our assets are listed below.

* Cash value is defined as market value less the cost of converting the asset to cash. Costs may include broker's fees, settlement costs, outstanding loans, early withdrawal penalties, etc.

### Non-necessary Personal Property

| Type of Asset | Cash Value* | Interest Rate (if applicable) | Annual Income | Type of Asset | Cash Value* | Interest Rate (if applicable) | Annual Income |
|---|---|---|---|---|---|---|---|
| **Non-necessary personal property** (non-account assets such as RVs, ATVs, boats, antique cars, stamp collections, etc.) | | | | **Annuities** current balance | $ | % | $ |
| **Description** | $ | % | $ | **Money market** current balance | $ | % | $ |
| **Description** | $ | % | $ | **Life Insurance** current cash value (not term life) | $ | % | $ |
| **Cash on hand** | $ | % | $ | **Cryptocurrency** (Ethereum, Tether, Bitcoin, etc.) | $ | % | $ |
| **Checking** current balance | $ | % | $ | **Stocks/Bonds** current balance | $ | % | $ |
| **Savings** current balance | $ | % | $ | **Certificate of Deposit** current balance | $ | % | $ |
| **Debit cards** (not linked to an account that is listed above) | $ | % | $ | **Trust funds** current balance, if under control of household | $ | % | $ |
| **Internet-based assets** current balance (Cash App, Venmo, PayPal, ApplePay, etc.) | $ | % | $ | **Lump sum amounts** received not listed in above accounts (lottery/inheritance, etc) | $ | % | $ |
| **Brokerage accounts** current balance | $ | % | $ | **Safety deposit box** and its contents | $ | % | $ |
| **Capital investments** | $ | % | $ | **Other\|Description** | $ | % | |
| | | | | **[A] Total cash value of non-necessary personal property:** | $ | **[B] Total Income:** | $ |

**Important Note:** If the above total value [A] is $50,000 or less, it is not added into the Total Net Assets Section [F] below. However, total income from non-necessary personal property is added to total asset income [G] below.

| Real Property | | | |
|---|---|---|---|
| Description of Property | Cash Value | | Income |
| | $ | | $ |
| | $ | | $ |
| [C] Total real property value: | $ | [D] Total income from real property: | $ |
| **Total Net Assest and Income** | | | |
| [E] Tax Return: Have you received a tax refund in the last 12 months? ☐ No ☐ Yes → Value of return/credit | $ | Subtract tax return/credit (if any) from total net assets. See formula for [F] | |
| [F] Total Net Assets: (Total real property [C] + non-necessary personal property [A] if [A] exceeds $50,000) - [E] tax return/refundable credit | $ | [G] Total Asset Income: [B] + [D] | $ |

## section 2 you must choose one of the following

☐ I/We have not sold or given away assets (including cash, real estate, etc.) for less than the fair market value during the past two years.

☐ Within the past two years, I/we have sold or given away assets (including cash, real estate, etc.) for less than their Fair Market Value (FMV). Date of disposal _____. These assets are included above and are equal to a total of $_____ (the value to include for each asset equals the difference between FMV and the amount actually received for the asset).

**If forms are completed electronically, one of the following boxes must be checked:**

☐ **This form was completed electronically by the resident.**

☐ **Management or someone outside of household assisted completing the form electronically (Authorization to Assist is attached).**

## signature

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.

Applicant/Resident Signature Printed Name Date

Applicant/Resident Signature Printed Name Date

Applicant/Resident Signature Printed Name Date

Applicant/Resident Signature Printed Name Date

# unemployed resident affidavit

| Resident Name | Unit Number |
|---|---|
| | |

I certify that I am currently unemployed.

☐ I am not currently receiving unemployment benefits.

☐ I am currently receiving unemployment benefits in the amount of $_____per ☐ week ☐ month (please check one box).

Will benefits continue for the next 12 months or more? ☐ Yes ☐ No

**If forms are completed electronically, one of the following boxes must be checked:**

☐ **This form was completed electronically by the resident.**

☐ **Management or someone outside of the household assisted with completing the form electronically (Authorization to Assist is attached).**

## signature

By my signature, I certify the above information is true and correct.

**Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful, false statements of misrepresentation to any Department or Agency of the U.S. as to any matter within its jurisdiction.**

Applicant/Resident Signature Date

# certification of student status

| Head of Household Name | Unit Number |
|---|---|
| | |

Students include individuals attending public or private elementary schools, middle or junior high schools, senior high schools, colleges, universities, technical, trade, or mechanical schools. Students do not include individuals participating in on-the-job training or correspondence courses.

## please choose **one** option below that best describes your **household**

| | |
|---|---|
| ☐ | The household contains **at least one occupant who is not a student** and has not been and will not be a student for five months or more out of the current and/or upcoming calendar year (months need not be consecutive). |
| | **List non-student here:** |
| ☐ | The household contains **all students**, but is qualified because at least one occupant is a **part time** student. Verification of part time student status is required. |
| | **List part-time student here:** |
| ☐ | The household contains **all students who were, are, or will be full time** for five months or more out of the current and/or upcoming calendar year (months need not be consecutive). **If yes, you must answer all five questions below.** |

| | yes | no |
|---|---|---|
| Are the students married and entitled to file a joint tax return? (attach an affidavit or tax return) | ☐ | ☐ |
| 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) is/are not dependent(s) of someone other than the parent(s)? | ☐ | ☐ |
| Is at least one student receiving Temporary Assistance to Needy Families (TANF)? | ☐ | ☐ |
| Does at least one student participate in a program receiving assistance under the Job Training Partnership Act, Workforce Investment Act, or under other similar federal, state, or local laws? (attach verification of participation) | ☐ | ☐ |
| Does the household consist of at least one student who was previously under foster care? (provide verification of participation) | ☐ | ☐ |

**If forms are completed electronically, one of the following boxes must be checked:**

☐ **This form was completed electronically by the resident.**

☐ **Management or someone outside of the household assisted with completing the form electronically (Authorization to Assist is attached).**

## signatures

Under penalties of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge and belief. I/we agree to notify management immediately of any changes in this household's student status. I/we understand that providing false representations constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of the lease agreement. This form must be signed by each household member age 18 and older.

Resident Signature _____ Date _____

Resident Signature _____ Date _____

Resident Signature _____ Date _____

Resident Signature _____ Date _____

## Protections for Victims of Domestic Violence, Dating Violence, Sexual Assault or Stalking

**When should I receive this form?** A covered housing provider must provide a copy of the Notice of Occupancy Rights Under The Violence Against Women Act (Form HUD-5380) and the Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking (Form HUD-5382) when you are admitted as a tenant, when you receive an eviction or termination notice and prior to termination of tenancy, or when you are denied as an applicant. A covered housing provider may provide these forms at additional times.

**What is the Violence Against Women Act ("VAWA")?** This notice describes protections that may apply to you as an applicant or a tenant under a housing program covered by a federal law called the Violence Against Women Act ("VAWA"). VAWA provides housing protections for victims of domestic violence, dating violence, sexual assault or stalking. VAWA protections must be in leases and other program documents, as applicable. VAWA protections may be raised at any time. You do not need to know the type or name of the program you are participating in or applying to in order to seek VAWA protections.

**What if I require this information in a language other than English?** To read this information in Spanish or another language, please contact Beacon Management, LLC at 402-341-0892 or Toll Free 888-298-0888 FOR HOPWA PROVIDERS – n/a or go to n/a . You can read translated VAWA forms at https://www.hud.gov/program_offices/administration/hudclips/forms/hud5a#4**.** If you speak or read in a language other than English, your covered housing provider must give you language assistance regarding your VAWA protections (for example, oral interpretation and/or written translation).

**What do the words in this notice mean?**

- *VAWA violence/abuse* means one or more incidents of domestic violence, dating violence, sexual assault, or stalking.
- *Victim* means any victim of *VAWA violence/abuse*, regardless of actual or perceived sexual orientation, gender identity, sex, or marital status.
- *Affiliated person* means the tenant's spouse, parent, sibling, or child; or any individual, tenant, or lawful occupant living in the tenant's household; or anyone for whom the tenant acts as parent/guardian.
- *Covered housing program*[1] includes the following HUD programs:
  - Public Housing
  - Tenant-based vouchers (TBV, also known as Housing Choice Vouchers or HCV) and Project-based Vouchers (PBV) Section 8 programs
  - Section 8 Project-Based Rental Assistance (PBRA)
  - Section 8 Moderate Rehabilitation Single Room Occupancy
  - Section 202 Supportive Housing for the Elderly
  - Section 811 Supportive Housing for Persons with Disabilities
  - Section 221(d)(3)/(d)(5) Multifamily Rental Housing
  - Section 236 Multifamily Rental Housing
  - Housing Opportunities for Persons With AIDS (HOPWA) program
  - HOME Investment Partnerships (HOME) program
  - The Housing Trust Fund
  - Emergency Solutions Grants (ESG) program
  - Continuum of Care program
  - Rural Housing Stability Assistance program
- *Covered housing provider* means the individual or entity under a covered housing program that is responsible for providing or overseeing the VAWA protection in a specific situation. The covered housing provider may be a public housing agency, project sponsor, housing owner, mortgagor, housing manager, State or local government, public agency, or a nonprofit or for-profit organization as the lessor.

[1] For information about non-HUD covered housing programs under VAWA, see Interagency Statement on the Violence Against Women Act's Housing Provisions at https://www.hud.gov/sites/dfiles/PA/documents/InteragencyVAWAHousingStmnt092024.pdf.

**What if I am an applicant under a program covered by VAWA?** You can't be denied housing, housing assistance, or homeless assistance covered by VAWA just because you (or a household member) are or were a victim or just because of problems you (or a household member) had as a direct result of being or having been a victim. For example, if you have a poor rental or credit history or a criminal record, and that history or record is the direct result of you being a victim of VAWA abuse/violence, that history or record cannot be used as a reason to deny you housing or homeless assistance covered by VAWA.

**What if I am a tenant under a program covered by VAWA?** You cannot lose housing, housing assistance, or homeless assistance covered by VAWA or be evicted just because you (or a household member) are or were a victim of VAWA violence/abuse. You also cannot lose housing, housing assistance, or homeless assistance covered by VAWA or be evicted just because of problems that you (or a household member) have as a direct result of being or having been a victim. For example, if you are a victim of VAWA abuse/violence that directly results in repeated noise complaints and damage to the property, neither the noise complaints nor property damage can be used as a reason for evicting you from housing covered by VAWA. You also cannot be evicted or removed from housing, housing assistance, or homeless assistance covered by VAWA because of someone else's criminal actions that are directly related to VAWA abuse/violence against you**,** a household member, or another affiliated person.

**How can tenants request an emergency transfer?** Victims of VAWA violence/abuse have the right to request an emergency transfer from their current unit to another unit for safety reasons related to the VAWA violence/abuse. An emergency transfer cannot be guaranteed, but you can request an emergency transfer when:

1. You (or a household member) are a victim of VAWA violence/abuse;
2. You expressly request the emergency transfer; **AND**
3. **EITHER**
    a. you reasonably believe that there is a threat of imminent harm from further violence, including trauma, if you (or a household member) stay in the same dwelling unit; **OR**
    b. if you (or a household member) are a victim of sexual assault, either you reasonably believe that there is a threat of imminent harm from further violence, including trauma, if you (or a household member) were to stay in the unit, or the sexual assault occurred on the premises and you request an emergency transfer within 90 days (including holidays and weekend days) of when that assault occurred.

You can request an emergency transfer even if you are not lease compliant, for example if you owe rent. If you request an emergency transfer, your request, the information you provided to make the request, and your new unit's location must be kept strictly confidential by the covered housing provider. The covered housing provider is required to maintain a VAWA emergency transfer plan and make it available to you upon request.
To request an emergency transfer or to read the covered housing provider's VAWA emergency transfer plan,

go to : https://www.beacon.cc/vawa.html or call Beacon Management, LLC 402-341-0892 or Toll Free 888-298-0888

The VAWA emergency transfer plan includes information about what the covered housing provider does to make sure your address and other relevant information are not disclosed to your perpetrator.

**Can the perpetrator be evicted or removed from my lease?** Depending on your specific situation, your covered housing provider may be able to divide the lease to evict just the perpetrator. This is called "lease bifurcation."

**What happens if the lease bifurcation ends up removing the perpetrator who was the only tenant who qualified for the housing or assistance?** In this situation, the covered housing provider must provide you and other remaining household members an opportunity to establish eligibility or to find other housing. If you cannot or don't want to establish eligibility, then the covered housing provider must give you a reasonable time to move or establish eligibility for another covered housing program. This amount of time varies, depending on the covered housing program involved. The table below shows the reasonable time provided under each covered housing programs with HUD. Timeframes for covered housing programs operated by other agencies are determined by those agencies.

| **Covered Housing Program(s)** | **Reasonable Time for Remaining Household Members to Continue to Receive Assistance, Establish Eligibility, or Move.** |
|---|---|
| HOME and Housing Trust Fund, Continuum of Care Program (except for permanent supportive housing), ESG program, Section 221(d)(3) Program, Section 221(d)(5) Program, Rural Housing Stability Assistance Program | Because these programs do not provide housing or assistance based on just one person's status or characteristics, the remaining tenant(s), or family member(s) in the CoC program, can keep receiving assistance or living in the assisted housing as applicable. |
| Permanent supportive housing funded by the Continuum of Care Program | The remaining household member(s) can receive rental assistance until expiration of the lease that is in effect when the qualifying member is evicted. |
| Housing Choice Voucher, Project-based Voucher, and Public Housing programs (for Special Purpose Vouchers (e.g., HUD-VASH, FUP, FYI, etc.), see also program specific guidance) | If the person removed was the only tenant who established eligible citizenship/immigration status, the remaining household member(s) must be given 30 calendar days from the date of the lease bifurcation to establish program eligibility or find alternative housing.<br><br>For HUD-VASH, if the veteran is removed, the remaining family member(s) can keep receiving assistance or living in the assisted housing as applicable. If the veteran was the only tenant who established eligible citizenship/immigration status, the remaining household member(s) must be given 30 calendar days to establish program eligibility or find alternative housing. |
| Section 202/811 PRAC and SPRAC | The remaining household member(s) must be given 90 calendar days from the date of the lease bifurcation or until the lease expires, whichever is first, to establish program eligibility or find alternative housing. |
| Section 202/8 | The remaining household member(s) must be given 90 calendar days from the date of the lease bifurcation or when the lease expires, whichever is first, to establish program eligibility or find alternative housing.<br><br>If the person removed was the only tenant who established eligible citizenship/immigration status, the remaining household member(s) must be given 30 calendar days from the date of the lease bifurcation to establish program eligibility or find alternative housing. |
| Section 236 (including RAP); Project-based Section 8 and Mod Rehab/SRO | The remaining household member(s) must be given 30 calendar days from the date of the lease bifurcation to establish program eligibility or find alternative housing. |
| HOPWA | The remaining household member(s) must be given no less than 90 calendar days, and not more than one year, from the date of the lease bifurcation to establish program eligibility or find alternative housing. The date is set by the HOPWA Grantee or Project Sponsor. |

**Are there any reasons that I can be evicted or lose assistance?** VAWA does not prevent you from being evicted or losing assistance for a lease violation, program violation, or violation of other requirements that are not due to the VAWA violence/abuse committed against you or an affiliated person. However, a covered housing provider cannot be stricter with you than with other tenants, just because you or an affiliated person experienced VAWA abuse/violence. VAWA also will not prevent eviction, termination, or removal if other tenants or housing staff are shown to be in immediate, physical danger that could lead to serious bodily harm or death if you are not evicted or removed from assistance. **But only if no other action can be taken to reduce or eliminate the threat** should a covered housing provider evict you or end your assistance, if the VAWA abuse/violence happens to you or an affiliated person. A covered housing provider must provide a copy of the Notice of Occupancy Rights Under The Violence Against Women Act (Form HUD-5380) and the Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking (Form HUD-5382) when you receive an eviction or termination notice and prior to termination of tenancy.

**What do I need to document that I am a victim of VAWA abuse/violence?** If you ask for VAWA protection, the covered housing provider may request documentation showing that you (or a household member) are a victim. BUT the covered housing provider must make this request in writing and must give you at least 14 business days (weekends and holidays do not count) to respond, and you are free to choose any <u>one</u> of the following:

1. <u>A self-certification form (for example, Form-HUD 5382)</u>, which the covered housing provider must give you along with this notice. Either you can fill out the form or someone else can complete it for you;
2. <u>A statement from a victim/survivor service provider, attorney, mental health professional or medical professional</u> who has helped you address incidents of VAWA violence/abuse. The professional must state "under penalty of perjury" that he/she/they believes that the incidents of VAWA violence/abuse are real and covered by VAWA. Both you and the professional must sign the statement;
3. <u>A police, administrative, or court record</u> (such as a protective order) that shows you (or a household member) were a victim of VAWA violence/abuse; **OR**
4. <u>If allowed by your covered housing provider, any other statement or evidence provided by you.</u>

It is your choice which documentation to provide and the covered housing provider must accept any one of the above as documentation. The covered housing provider is prohibited from seeking additional documentation of victim status or requiring more than one of these types of documentation, unless the covered housing provider receives conflicting information about the VAWA violence/abuse.

If you do not provide one of these types of documentation by the deadline, the covered housing provider does not have to provide the VAWA protections you requested. If the documentation received by the covered housing provider contains conflicting information about the VAWA violence/abuse, the covered housing provider may require you to provide additional documentation from the list above, but the covered housing provider must give you another 30 calendar days to do so.

**Will my information be kept confidential?** If you share information with a covered housing provider about why you need VAWA protections, the covered housing provider must keep the information you share strictly confidential. This information should be securely and separately kept from your other tenant files. No one who works for your covered housing provider will have access to this information, unless there is a reason that specifically calls for them to access this information, your covered housing provider explicitly authorizes their access for that reason, and that authorization is consistent with applicable law.

Your information **<u>will not be disclosed</u>** to anyone else or put in a database shared with anyone else, except in the following situations:

1. If you give the covered housing provider written permission to share the information for a limited time;
2. If the covered housing provider needs to use that information in an eviction proceeding or hearing; or
3. If other applicable law requires the covered housing provider to share the information.

**How do other laws apply?** VAWA does not limit the covered housing provider's duty to honor court orders about access to or control of the property, or civil protection orders issued to protect a victim of VAWA abuse/violence. Additionally, VAWA does not limit the covered housing provider's duty to comply with a court order with respect to the distribution or possession of property among household members during a family break up. The covered housing provider must follow all applicable fair housing and civil rights requirements.

**Can I request a reasonable accommodation?** If you have a disability, your covered housing provider must provide reasonable accommodations to rules, policies, practices, or services that may be necessary to allow you to equally benefit from VAWA protections (for example, giving you more time to submit documents or assistance with filling out forms). You may request a reasonable accommodation at any time, even for the first time during an eviction. If a provider is denying a specific reasonable accommodation because it is not reasonable, your covered housing provider must first engage in the interactive process with you to identify possible alternative accommodations. To request a reasonable accommodation, please contact [INSERT APPROPRIATE STAFF MEMBER CONTACT INFORMATION]. Your covered housing provider must also ensure effective communication with individuals with disabilities.

**Have your protections under VAWA been denied?** If you believe that the covered housing provider has violated these rights, you may seek help by contacting [INSERT LOCAL HUD FHEO FIELD OFFICE & CONTACT INFORMATION]. You can also find additional information on filing VAWA complaints at https://www.hud.gov/VAWA and https://www.hud.gov/program_offices/fair_housing_equal_opp/VAWA. To file a VAWA complaint, visit https://www.hud.gov/fairhousing/fileacomplaint.

**Need further help?**

- For additional information on VAWA and to find help in your area, visit https://www.hud.gov/vawa.
- To talk with a housing advocate, contact [ENTER CONTACT INFO FOR LOCAL ADVOCACY AND LEGAL AID ORGANIZATIONS].

**Public reporting burden** for this collection of information is estimated to range from 45 to 90 minutes per each covered housing provider's response, depending on the program. This includes time to print and distribute the form. Comments concerning the accuracy of this burden estimate and any suggestions for reducing this burden can be sent to the Reports Management Officer, QDAM, Department of Housing and Urban Development, 451 7th Street, SW, Washington, D.C. 20410. This notice is required for covered housing programs under section 41411 of VAWA and 24 CFR 5.2003. Covered housing providers must give this notice to applicants and tenants to inform them of the VAWA protections as specified in section 41411(d)(2). This is a model notice, and no information is being collected. A Federal agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid Office of Management and Budget control number.

Acknowledgement of Receipt of "Notice of Occupancy Rights Under the Violence Against Women Act"

Revised, Expires 01/31/2028

I _____ acknowledge that **Legacy Senior Residences** located at **5353 West 63rd Street Arvada, CO 80003** management has provided me with a copy of the Notice of Occupancy Rights Under the Violence Against Women Act on _____.

Signed

_____

Dated

_____

Community Name
Community Address
Community City, State Zip
Local Phone
Fax

Date _____

TO: _____
(Name, Address, City, State, Zip of former landlord)

RE: _____
(Resident Name)

Dear _____,

The resident named above has listed you as a current or former landlord and has made application with our community. Please see the consent by the applicant, authorizing a release of information. Should you have any questions please feel free to contact us at the above phone number. We request that you return this form by fax or mail it to the above address so that we may assist our applicant in obtaining their new home.

Address given: _____

Length of occupancy: move in date _____ move out date _____.

Was or has a proper notice been given: YES NO

Number of late payments, if any: _____

Rental Amount _____

Is the current or former residents account current and paid in full? YES NO ; if no please list the amount due so that we may inform the applicant of their obligation to you .
Amount due _____.

Were there any damages to the residence at the time of move out or last inspection?
_____.

Were there any lease violations YES NO ; If yes please explain _____
_____
_____.

Our anticipated move in date is _____ will/has the rental term been fulfilled to your satisfaction by this date? YES NO, _____.

If this applicant were to apply to re-rent or extend a lease, would you approve them based on their prior / current history?
YES NO _____.

I/WE hereby acknowledge and agree that all persons listed on this application may be contacted by the Agent and I/WE have no objections in checking my/our application for the purposes of verification, credit processing, or criminal background checks. Acceptance or rejection of the applicant(s) shall be based upon the information furnished and the availability of a rental unit and the Owner shall have absolute discretion to accept or reject my/our application.

Applicants Signature _____ Date _____