Housing Connect 3595 South Main Street Salt Lake City, UT 84115 www.HousingConnect.org

Name of property or building you are applying for:

Apt. Number

Rental Application



	HOUSEHOLD COMPOSITION							
				Relationship to	Were you, Are you o			
HH	E'ret News	Lest News	Dete of Dist	-	will you be a student			ial Security
Mbr#	First Name	Last Name	Date of Birth	Head of	months or more out o		or Al	lien Reg No.
				Household	the year?			
1					Y / N			
2					Y / N			
3					Y / N			
4					Y / N			
5					Y / N			
6					Y / N			
7					Y / N			
8					Y / N			
9					Y / N			
Do you	anticipate a change in the h	ousehold in the next 12 months?				0		Do you smoke?
	If Yes, please explain:							Yes No
If childr	en are listed, will the natura	al parent(s) also reside in the Hous	sehold?		YES N	0		
			STUDENT ST	ATUS				
	cocupants of the household				Y	es	No (Circle	e one)
If Yes, t	o the above, answer the foll		1.11/					
		of a single parent and with school ag are dependents of a third party?	e child(ren),		X		No (Circle	a ana)
		int married and do they file a joint in	ncome tax returr	19		es es	No (Circle No (Circle	· ·
	Does the household receive 7					'es	No (Circle	
	Are any of the students, parti	cipants in the Job Training Partnersl	hip Act?			es	No (Circle	
	Have any students been in Fo	oster care in the last 5 years?( If yes	whom:		) Y	es	No (Circle	e one)
		RENTAL HISTOR	Y (Previous 2	Years for each a	pplicant)			
Head of Hou								
Curront	Address	City	State Zin	Low Lor	ang (	) Ouun	Dhono	Monthly Poymont
Current	Address	City	State Zip	How Lon from		) Own ) Rent	Phone	Monthly Payment
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	RECURRING INCOM	IE - PREVIOUS 2 YEARS	6 (Head of Househo	old)	
Head of Household's Name:					
(Circle all applicable) Employed Full	Time Employed Par	t Time Self-Employe	ed Anticipate	d Income	Non-Employed
Current Employer		Position	How Long from	to	Supervisor Name
Telephone Number	Fax Number		Address	10	
Current Wages (Circle one)	Average Hours W	orked Per Week	Do you earn t	tips?	Do you have more than one job?
\$ per Hour / Week / Mon	th		YES	NO	YES NO
2nd Job		Position	How Long		Supervisor Name
Telephone Number	Fax Number		from Address	to	
	i ux i tumoor		i iuu oso		
Current Wages (Circle one)	Average Hours W	orked Per Week	Do you earn t	tips?	
\$ per Hour / Week / Mon	th		YES	NO	
Previous Employer		Position	How Long		Supervisor Name
Telephone Number	Fax Number		from Address	to	
			11001055		
Current Wages (Circle one)	Average Hours W	orked Per Week	Do you earn t	tips?	
\$ per Hour / Week / Mon	th		YES	NO	
			(Circle each	one indivi	dually)
OTHER INCOME:	Alimony / Child Support	rt	YES	NO	\$
Program regulations require that all income be disclosed in order	AFDC / TANF (Exclu		YES	NO	\$
to determine qualification.	Social Security / Disabi Retirement / Pension / A	-	YES	NO	\$
Please provide recurring	Unemployment	Annulues	YES YES	NO NO	<u>\$</u>
monthly amount if applicable.	Worker's Compensation	1	YES	NO	\$
	Recurring Gifts from Fa		YES	NO	\$
	Grants & Scholarships		YES	NO	\$
	Military Pay Other Recurring Monie	~	YES	NO	\$
	Other Recurring Monie	8	YES	NO	\$
	<b>RECURRING INCO</b>	OME - PREVIOUS 2 YEA	RS (2nd Applicant	)	
2nd Applicants Name:					
(Circle all applicable) Employed Full			ed Anticipate		Non-Employed
			ed Anticipate	d Income	Non-Employed Supervisor Name
(Circle all applicable) Employed Full		t Time Self-Employ	ed Anticipate		
(Circle all applicable)     Employed Full       Current Employer       Telephone Number	Time Employed Par	t Time Self-Employe Position	ed Anticipate How Long from Address	d Income to	Supervisor Name
(Circle all applicable)       Employed Full         Current Employer         Telephone Number         Current Wages       (Circle one)	Time Employed Par	t Time Self-Employe Position	ed Anticipate How Long from Address Do you earn t	d Income to	Supervisor Name Do you have more than one job?
(Circle all applicable)       Employed Full         Current Employer         Telephone Number         Current Wages       (Circle one)         \$       per Hour / Week / Mo	Time Employed Par	t Time Self-Employ Position orked Per Week	ed Anticipate How Long from Address Do you earn t YES	d Income to	Supervisor Name Do you have more than one job? YES NO
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(Circle all applicable)       Employed Full         Current Employer         Telephone Number         Current Wages       (Circle one)         \$       per Hour / Week / Mo         Znd Job         Telephone Number         Current Wages       (Circle one)         \$       per Hour / Week / Mo         \$       per Hour / Week / Mo	Time Employed Par	t Time Self-Employe Position orked Per Week Position orked Per Week	ed Anticipate How Long from Address Do you earn t YES How Long from Address Do you earn t YES How Long How Long	d Income to tips? NO to to to NO	Supervisor Name         Do you have more than one job?         YES         Supervisor Name
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(Circle all applicable)       Employed Full         Current Employer         Telephone Number         Current Wages       (Circle one)         \$       per Hour / Week / Mo         Znd Job         Telephone Number         Current Wages       (Circle one)         \$       per Hour / Week / Mo         Previous Employer         Telephone Number	Time Employed Par Fax Number Average Hours W Th Fax Number Average Hours W Th Fax Number Average Hours W Average Hours W Average Hours W	t Time Self-Employe Position orked Per Week Position orked Per Week	ed Anticipate How Long from Address Do you earn t YES How Long from Address Do you earn t YES How Long from Address How Long from Address	d Income to tips? NO to to to to	Supervisor Name         Do you have more than one job?         YES         Supervisor Name
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(Circle all applicable)       Employed Full         Current Employer         Telephone Number         Current Wages       (Circle one)         \$       per Hour / Week / Mo         2nd Job         Telephone Number         Current Wages       (Circle one)         \$       per Hour / Week / Mo         Previous Employer         Telephone Number         Current Wages       (Circle one)         \$       per Hour / Week / Mo         Previous Employer         Telephone Number         Current Wages       (Circle one)         \$       per Hour / Week / Mo         OTHER INCOME:       Program regulations require that	Time     Employed Par       Fax Number     Average Hours W       hh     Average Hours W       Fax Number     Average Hours W       hh     Average Hours W       hh     Average Hours W	t Time Self-Employe Position orked Per Week Position orked Per Week Position orked Per Week t	ed Anticipate How Long from Address Do you earn to YES How Long from Address Do you earn to YES How Long from Address Do you earn to YES (Circle each	d Income to ips? NO to ips? NO to ips? NO one indivi	Supervisor Name         Do you have more than one job?         YES       NO         Supervisor Name         Supervisor Name         dually)
(Circle all applicable)       Employed Full         Current Employer         Telephone Number         Current Wages       (Circle one)         \$ per Hour / Week / Mo         2nd Job         Telephone Number         Current Wages       (Circle one)         \$ per Hour / Week / Mo         Previous Employer         Telephone Number         Current Wages       (Circle one)         \$ per Hour / Week / Mo         Previous Employer         Telephone Number         Current Wages       (Circle one)         \$ per Hour / Week / Mo         OTHER INCOME:         Program regulations require that all income be disclosed in order to determine qualification.	Time       Employed Par         Fax Number       Average Hours W         Ith       Average Hours W         Fax Number       Average Hours W         Ith       Average Hours W         Ith       Average Hours W         Atverage Hours W       Average Hours W         Atverage Hours W       Average Hours W         Atimony / Child Suppor       AFDC / TANF (Exclude Social Security / Disability)	t Time Self-Employe Position orked Per Week Position orked Per Week Position orked Per Week t ling Food Stamps) lity	ed Anticipate How Long from Address Do you earn t YES How Long from Address Do you earn t YES How Long from Address Do you earn t YES How Long from Address Do you earn t YES (Circle each YES YES YES	d Income to ips? NO to ips? NO to ips? NO one indivi NO NO NO	Supervisor Name         Do you have more than one job?         YES       NO         Supervisor Name         Supervisor Name         dually)         \$         \$         \$         \$         \$         \$
(Circle all applicable)       Employed Full         Current Employer         Telephone Number         Current Wages       (Circle one)         \$ per Hour / Week / Mo         2nd Job         Telephone Number         Current Wages       (Circle one)         \$ per Hour / Week / Mo         Previous Employer         Telephone Number         Current Wages       (Circle one)         \$ per Hour / Week / Mo         Previous Employer         Telephone Number         Current Wages       (Circle one)         \$ per Hour / Week / Mo         OTHER INCOME:         Program regulations require that         all income be disclosed in order         to determine qualification.         Please provide recurring	Time       Employed Par         Fax Number       Average Hours W         Image: Hours W       Average Hours W         Average Hours W       Average Hours W         Image: Hours W       Average Hours W         Alimony / Child Suppor       AFDC / TANF (Exclude Social Security / Disabitis Retirement / Pension / A	t Time Self-Employe Position orked Per Week Position orked Per Week Position orked Per Week t ling Food Stamps) lity	ed Anticipate How Long from Address Do you earn to YES How Long from Address Do you earn to YES How Long from Address Do you earn to YES Circle each YES YES YES YES	d Income to to ips? NO to ips? NO to ips? NO one indivi NO NO NO NO	Supervisor Name         Do you have more than one job?         YES       NO         Supervisor Name         Supervisor Name         dually)         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$
(Circle all applicable)       Employed Full         Current Employer         Telephone Number         Current Wages       (Circle one)         \$ per Hour / Week / Mo         2nd Job         Telephone Number         Current Wages       (Circle one)         \$ per Hour / Week / Mo         Previous Employer         Telephone Number         Current Wages       (Circle one)         \$ per Hour / Week / Mo         Previous Employer         Telephone Number         Current Wages       (Circle one)         \$ per Hour / Week / Mo         OTHER INCOME:         Program regulations require that all income be disclosed in order to determine qualification.	Time       Employed Par         Fax Number       Average Hours W         hh       Average Hours W         Fax Number       Average Hours W         hh       Average Hours W         hh       Average Hours W         hh       Average Hours W         Average Hours W       Average Hours W         Average Hours W       Average Hours W         Alimony / Child Suppor       AFDC / TANF (Exclude Social Security / Disabit Retirement / Pension / A         Unemployment       Average Hours W	t Time Self-Employe Position orked Per Week Position orked Per Week Position orked Per Week t ling Food Stamps) lity Annuities	ed Anticipate How Long from Address Do you earn to YES How Long from Address Do you earn to YES How Long from Address Do you earn to YES Circle each YES YES YES YES	d Income to ips? NO to ips? NO to ips? NO to ips? NO one indivi NO NO NO NO NO NO	Supervisor Name         Do you have more than one job?         YES       NO         Supervisor Name         Supervisor Name         dually)         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$
(Circle all applicable)       Employed Full         Current Employer         Telephone Number         Current Wages       (Circle one)         \$ per Hour / Week / Mo         Znd Job         Telephone Number         Current Wages       (Circle one)         \$ per Hour / Week / Mo         Znd Job         Telephone Number         Current Wages       (Circle one)         \$ per Hour / Week / Mo         Previous Employer         Telephone Number         Current Wages       (Circle one)         \$ per Hour / Week / Mo         OTHER INCOME:         Program regulations require that all income be disclosed in order to determine qualification.         Please provide recurring	Time       Employed Par         Fax Number       Average Hours W         nth       Average Hours W         Fax Number       Average Hours W         nth       Average Hours W         Th       Average Hours W         Average Hours W       Average Hours W         Alimony / Child Suppor       AFDC / TANF (Exclude Social Security / Disabit Retirement / Pension / A         Unemployment       Worker's Compensation	t Time Self-Employ	ed Anticipate How Long from Address Do you earn t YES How Long from Address Do you earn t YES How Long from Address Do you earn t YES Circle each YES YES YES YES YES YES	d Income to to ips? NO to ips? NO to ips? NO one indivi NO NO NO NO NO NO NO	Supervisor Name         Do you have more than one job?         YES       NO         Supervisor Name         Supervisor Name         dually)         \$
(Circle all applicable)       Employed Full         Current Employer         Telephone Number         Current Wages       (Circle one)         \$ per Hour / Week / Mo         2nd Job         Telephone Number         Current Wages       (Circle one)         \$ per Hour / Week / Mo         Previous Employer         Telephone Number         Current Wages       (Circle one)         \$ per Hour / Week / Mo         Previous Employer         Telephone Number         Current Wages       (Circle one)         \$ per Hour / Week / Mo         OTHER INCOME:         Program regulations require that         all income be disclosed in order         to determine qualification.         Please provide recurring	Time       Employed Par         Fax Number       Average Hours W         Image: Average Hours W       Average Hours W         Average Hours W       Average Hours W         Alimony / Child Suppor       AFDC / TANF (Exclude Social Security / Disabit Retirement / Pension / A         Unemployment       Worker's Compensation         Recurring Gifts from Fa       Average from Fa	t Time Self-Employ	ed Anticipate How Long from Address Do you earn to YES How Long from Address Do you earn to YES How Long from Address Do you earn to YES Circle each YES YES YES YES YES YES YES YES	d Income to to ips? NO to ips? NO to ips? NO one indivi NO NO NO NO NO NO NO NO NO	Supervisor Name         Do you have more than one job?         YES       NO         Supervisor Name         Supervisor Name         dually)         \$
(Circle all applicable)       Employed Full         Current Employer         Telephone Number         Current Wages       (Circle one)         \$ per Hour / Week / Mo         2nd Job         Telephone Number         Current Wages       (Circle one)         \$ per Hour / Week / Mo         Previous Employer         Telephone Number         Current Wages       (Circle one)         \$ per Hour / Week / Mo         Previous Employer         Telephone Number         Current Wages       (Circle one)         \$ per Hour / Week / Mo         OTHER INCOME:         Program regulations require that all income be disclosed in order to determine qualification.         Please provide recurring	Time       Employed Par         Fax Number       Average Hours W         Ith       Average Hours W         Fax Number       Average Hours W         Ith       Average Hours W         Average Hours W       Average Hours W         Alimony / Child Suppor       AFDC / TANF (Exclude Social Security / Disabit Retirement / Pension / A         Unemployment       Worker's Compensation         Worker's Compensation       Recurring Gifts from Fa         Grants & Scholarships       Scholarships	t Time Self-Employ	ed Anticipate How Long from Address Do you earn t YES How Long from Address Do you earn t YES How Long from Address Do you earn t YES (Circle each YES YES YES YES YES YES YES YES YES YES	d Income to to ips? NO to ips? NO to ips? NO one indivi NO NO NO NO NO NO NO NO NO NO NO NO NO	Supervisor Name         Do you have more than one job?         YES       NO         Supervisor Name         Supervisor Name         dually)         \$
(Circle all applicable)       Employed Full         Current Employer         Telephone Number         Current Wages       (Circle one)         \$ per Hour / Week / Mo         2nd Job         Telephone Number         Current Wages       (Circle one)         \$ per Hour / Week / Mo         Previous Employer         Telephone Number         Current Wages       (Circle one)         \$ per Hour / Week / Mo         Previous Employer         Telephone Number         Current Wages       (Circle one)         \$ per Hour / Week / Mo         OTHER INCOME:         Program regulations require that all income be disclosed in order to determine qualification.         Please provide recurring	Time       Employed Par         Fax Number       Average Hours W         Image: Average Hours W       Average Hours W         Average Hours W       Average Hours W         Alimony / Child Suppor       AFDC / TANF (Exclude Social Security / Disabit Retirement / Pension / A         Unemployment       Worker's Compensation         Recurring Gifts from Fa       Average from Fa	t Time Self-Employed Position orked Per Week Position orked Per Week Position orked Per Week t ling Food Stamps) lity Annuities a mily	ed Anticipate How Long from Address Do you earn to YES How Long from Address Do you earn to YES How Long from Address Do you earn to YES Circle each YES YES YES YES YES YES YES YES	d Income to to ips? NO to ips? NO to ips? NO one indivi NO NO NO NO NO NO NO NO NO	Supervisor Name         Do you have more than one job?         YES       NO         Supervisor Name         Supervisor Name         dually)         \$



#### ASSETS

OTHER INCOME: Program regulations require that all assets be disclosed in order to determine qualification. Necessary personal property such as clothing, furniture, daily use automobiles, jewelry, dishes, etc. need **not** be disclosed.

	Applicant Name:			
	Value	Annual Interest Earnings	Bank/Institution	
Checking Account (6 month avg)	YES NO \$			
Savings Account	YES NO \$			
Money Market, CD's and Other	YES NO \$			
Stocks / Bonds	YES NO \$			
IRA'S, 401(K), Keogh	YES NO \$			
Real Estate	YES NO \$			
Boat, Trailer and Rec Vehicles	YES NO \$			
Life Insurance Policies (Universal or Whole life policies only.)	YES NO \$			
Cash on Hand	YES NO \$			
Other Assets	YES NO \$			
	Total: \$			
	Co. Annikont Norma			
	Co-Applicant Name:			
	Value	Annual Interest Earnings	Bank/Institution	
Checking Account (6 month avg)	YES NO \$			
Savings Account	YES NO \$			
Money Market, CD's and Other	YES NO \$	<u> </u>		
Stocks / Bonds	YES NO \$	<u> </u>		
IRA'S, 401(K), Keogh Real Estate	YES NO \$ YES NO \$			
Boat, Trailer and Rec Vehicles	YES NO \$			
Life Insurance Policies (Universal or Whole life policies only.)	YES NO \$			
Cash on Hand	YES NO \$			
Other Assets	YES NO \$			
	Total: \$			
Has any member of the hous	sehold sold any real estate in th	ne last 24 months?	Yes	No
0	v			
Has any member of the househol If YES, pleas	d disposed of an asset for less than f se list:	air market value in the past 24 mo	nths? Yes	No
	ur annual income or assets within th	ne next 12 months?	Yes	No
	se list:			
If YES, pleas				



CERTIFICATION			
I hereby apply to lease the above described premises on substantially the terms set forth herein. As an inducement to the property, a to accept this application, I warrant that all statements contained herein are true and complete to the best of my knowledge a information will result in immediate eviction and prosecution and that each occupant/tenant/resident is residing in the Uni advised and understand that residency at this property entails certain income restrictions and that residency is subject to qualification execution of a Lease Agreement that I will execute a tenant certification attesting to the information contained herein which certific penalty of perjury. I hereby deposit \$ as an earnest deposit to be refunded to me in full within ten (10) business days if the application hereby waive any claim to damages by reason of non-acceptance.	and that ted State on. I agr cation w	t falsif tes lega ree that vill be r	ication of ally. I have been t in addition to made under the
Upon acceptance of this application, this deposit shall be applied to the move-in costs. When so approved and accepted, I agree to possession is delivered and to pay the balance of the security and other move-in costs. ONCE APPROVED, IF I FAIL TO TAK APARTMENT, THE DEPOSIT WILL BE FORFEITED.			
By execution of this application, I hereby authorize Management to make such investigations into my credit, criminal, and rental hi I understand that such investigations typically include (but are not limited to) verification of employment and salary, any and all herental history, criminal and consumer credit reports.			
Have you or any other person planning to reside in our community, ever been indicted or convicted of any felony or misdemeanor offense?	Yes	No	(Circle one)
If Yes, Please Explain: Have you ever been EVICTED?	Yes	No	(Circle one)
If Yes, Please Explain:	Vee	Na	
If Yes, Please Explain:	Yes	No	(Circle one)
Do you have a pet?	Yes	No	(Circle one)
If Yes, Please Explain: Have you filed bankruptcy? If Yes, Please Explain:	Yes	No	(Circle one)
How did you hear about us? (Please be Specific) Does anyone in your household require a reasonable accommodation? (Examples: Grab bars, roll in shower, lower cabinets, wheelchair accessible features) If Yes, Please Explain:	Yes	No	(Circle one)
Do you have a Drivers License?	Yes	No	(Circle one)
If you do not currently have a Drivers License, do you have the ability to get a drivers License?	Yes	No	(Circle one)
Applicant     Date			
Applicant     Date	_		
Management Representative     Date			





# **Resident Release**

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: Housing Connect for purposes of verifying information on my/our apartment rental 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 the following: 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.

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 System
- Military/Government Agencies
- Educational Institutions
- Support and Alimony Providers
- Social Security Administration
- Banks and other Financial Institutions
- Medical and Child Care Providers
- Credit Providers/ Credit Bureaus
- Public Court Records

#### 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.

Applicant/Resident Signature	(Print Name)	Social Security Number	Date
Applicant/Resident Signature	(Print Name)	Social Security Number	Date
Applicant/Resident Signature	(Print Name)	Social Security Number	Date
Applicant/Resident Signature	(Print Name)	Social Security Number	Date

#### **TENANT INQUIRY RELEASE**

I, the under-signed certify that the information given is accurate. I give my authorization to The Housing Authority of the County of Salt Lake and Back Track Screening to verify any and all information below, including but not limited to my credit history through the national credit bureaus and/or my creditors, verify my criminal background, obtain references from current/past landlords and employers (including income verification), bank and personal references. I hold Back Track Screening, their owners, employees, and their client, harmless for any information shown on my report and any action taken based on that information. I understand that this report will be sent directly to The Housing Authority of the County of Salt Lake and that we cannot receive a copy of this report directly from The Housing Authority of the County of Salt Lake. I understand that I am entitled to a free copy of this report from Back Track Screening if I am denied residency based upon information contained in this report.

Name
Social Security #
CURRENT ADDRESS
Address
City/State/Zip
PREVIOUS ADDRESS HISTORY (WITHIN 7 YEAR PERIOD)
Previous Address
City/State/Zip City City
Previous Address
City/State/Zip City City
Driver's License #
Signature         Date: /

Please Print Clearly or Type

\* Date of birth is being requested only for the purpose of identification in obtaining accurate retrieval of records, and will not be used for discriminatory purposes.

## ANNUAL STUDENT SELF CERTIFICATION

This Annual Student Self Certification is in connection with the undersigned's application/occupancy in the following apartment:

Head of Household Name:		old Name: Unit Number	Unit Number				
Develo	opment Na	ame and Address:					
Move-	in Date if	applicable: Effective Date:					
high so	chools, sei	C as applicable (note that students include those attending public or private elementary schools, m nior high schools, colleges, universities, technical, trade, Online, or mechanical schools, but does -job training courses):					
A.		Household contains at least one occupant who is not a student and has not been/will not be a stu	ident for fiv	ve			
		months or more out of the current and/or upcoming calendar year (months need not be consecut is checked, no further information is needed ( <b>Do not answer questions 1-5</b> ). Sign and date bel		is item			
B.		Household contains all students, but is qualified because the following occupant(s) is/are a PART-TIME student(s) who have not been/will not be time student for five months or more of the current and/or upcoming calendar year. Verification of part-tin student status is required for at least one occupant. If this item is checked, no further information is needed <b>not answer questions 1-5</b> ). Sign and date below.					
C.		Household contains <u>all</u> students who were, are, or will be FULL-TIME for five months or more current and/or upcoming calendar year (months need not be consecutive). <b>If this item is check below must be completed:</b>					
1. 2.	•	nember married and entitled to file a joint tax return? (attach marriage certificate or tax return) ast one student a single parent with child(ren) <i>and</i> this parent is not a dependent of someone	□ YES □ YES	□ NO □ NO			
	else, an	<i>d</i> the child(ren) is/are not dependent(s) of someone other than a parent? (attach student's most ax return and, if applicable, divorce/custody decree or other parent's most recent tax return)					
3.	Is at lea	st one student receiving Temporary Assistance to Needy Families (TANF)? (provide release of ation for verification purposes)	□ YES	□ NO			
4.	Does at	least one student participate in a program receiving assistance under the Workforce Innovation portunity Act or under other similar federal, state, or local laws? (attach verification of	□ YES	□ NO			
5.	Does th	e household consist of at least one student who has ever been under the care and placement ibility of the state agency responsible for administering foster care? (provide verification of	□ YES	□ NO			

Full-time student households satisfy one of the above conditions are considered eligible. If C is checked and questions 1-5 are marked **NO** or verification does not support the exception indicated, the household is considered ineligible.

Under penalties of perjury, I/we certify that the information presented in this Annual Student 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. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of the lease agreement.

All household members age 18 or older must sign and date.

Printed Name	Signature	Date
Printed Name	Signature	Date
Printed Name	Signature	Date
Printed Name	Signature	Date

Annual Student Certification - Form 21 (2019)