

Below is important information to prepare you for the application process with  
South Main Artspace Lofts:

South Main Artspace Lofts is a low income housing tax credit property with income limits. The minimum income required to qualify is 2.5 times the rent but cannot exceed a certain amount annually. Here is a list of the maximum annual income limits per household member. (See a LEDIC representative for clarification.)

	1 person	2 persons	3 persons	4 persons	5 persons	6 persons
50% unit:	\$21,000	\$24,000	\$27,000	\$30,000	\$32,400	\$34,800
60% unit:	\$25,200	\$28,800	\$32,400	\$36,000	\$38,880	\$41,760

List of documents that may be requested:

- Last 6 months Current Checking account statement (if assets total more than \$5000)
- Current Savings account statements (if assets total more than \$5000)
- Check stubs or completed VOE by employer
- Benefits award letter
- 2 years of tax returns (if self-employed)
- Proof of child support receiving or not receiving with 12 month history
- Proof of student exemption (if all household members are full and/or part-time students)

**Also, please note that we can not accept an application without the \$12.75 application fee per adult household member. Money orders or cashiers check payable to "South Main Artspace Lofts". Cash and personal checks are not accepted. No exceptions.**



# AFFORDABLE HOUSING APPLICATION

**For Office Use-Check all that apply**  TAX CREDIT  BOND  \*OTHER \_\_\_\_\_ \*Requires Addendum

Property \_\_\_\_\_ Marketing Source \_\_\_\_\_  
 Apartment # \_\_\_\_\_ Unit Type: \_\_\_\_\_ Move-In Date \_\_\_\_\_ App Fee \_\_\_\_\_  
 Lease Term \_\_\_\_\_ Rental Rate \_\_\_\_\_ Security Deposit \_\_\_\_\_

## I. HOUSEHOLD COMPOSITION

Marital Status:  Never married  Married  Separated \_\_\_\_\_  Divorced \_\_\_\_\_  Widowed  
 Date of separation \_\_\_\_\_ Date divorce \_\_\_\_\_

**\*\*\*EVERYONE OVER THE AGE OF 18 MUST COMPLETE A SEPARATE APPLICATION\*\*\*  
 LIST ALL PERSONS WHO WILL OCCUPY THE UNIT**

List all Persons who will occupy the Unit	Relationship	Date of Birth MM/DD/YYYY	Age	Social Security #	Student F/T-FULL TIME P/T-PART TIME
1.	Self				<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> NO
2.					<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> NO
3.					<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> NO
4.					<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> NO
5.					<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> NO
6.					<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> NO
7.					<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> NO
8.					<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> NO

Present Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  Own  Rent  Other #Years \_\_\_\_\_ Tel# \_\_\_\_\_  
 Current Rental Payment \$ \_\_\_\_\_ Landlord/Mort. Name \_\_\_\_\_  
 Former Street Address (if less than 2 years) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  Own  Rent  Other #Years \_\_\_\_\_ Tel# \_\_\_\_\_  
 Landlord/Mort. Name \_\_\_\_\_

- Yes  No Does anyone plan to live with you with in the next 12 months who is not indicated on the application? (Military Deployment, child away at school, working in another state, etc.)  
Explain: \_\_\_\_\_
- Yes  No Do you expect any changes to your household within the next 12 months? (Pregnancy, adoption, custody change, etc.)  
Explain: \_\_\_\_\_
- Yes  No Do you or any occupant who will be named on the lease require special accommodations?  
Explain: \_\_\_\_\_
- Yes  No Does anyone in your household plan to become a student within the next 12 months?  
If Yes, Occupant(s) Name \_\_\_\_\_
- Yes  No Have any adults in the household attended school during the current calendar year?  
If Yes, Name of Household member \_\_\_\_\_
- Yes  No Are any occupants Self-Employed either part-time or full-time?  
If Yes, Occupant(s) Name \_\_\_\_\_
- Yes  No Are any occupants Farmworkers?  
If Yes, Occupant(s) Name \_\_\_\_\_
- Yes  No Have you or any member of your household ever been convicted of the illegal possession, distribution, trafficking or manufacturing of an illegal drug other illegal controlled substance? If YES, explain: \_\_\_\_\_
- Yes  No Have you or anyone in your household been CONVICTED of a felony or misdemeanor, other than traffic violations?  
If YES, list convictions and dates: \_\_\_\_\_
- Yes  No Does the household receive any Tenant Based Rental Assistance (such as a Section 8 Voucher).
- Yes  No Have you ever been evicted? Explain: \_\_\_\_\_
- Yes  No Will there be any pets living in the household? Type/Breed/Weight \_\_\_\_\_







# AFFORDABLE HOUSING APPLICATION

### III. ASSETS

Listed below is a true list of the value and income for all of my assets (if necessary use an additional worksheet)

Type of Asset	Bank or Other Financial Institution	Approximate Balance	Interest Rate	Income
<input type="checkbox"/> Yes <input type="checkbox"/> NONE Checking Account				
<input type="checkbox"/> Yes <input type="checkbox"/> NONE Savings Account				
<input type="checkbox"/> Yes <input type="checkbox"/> NONE Revocable Trust				
<input type="checkbox"/> Yes <input type="checkbox"/> NONE 401(K), IRA accounts				
<input type="checkbox"/> Yes <input type="checkbox"/> NONE CDs, Money Market				
<input type="checkbox"/> Yes <input type="checkbox"/> NONE Real Estate				
<input type="checkbox"/> Yes <input type="checkbox"/> NONE Prepaid Debit Card				
<input type="checkbox"/> Yes <input type="checkbox"/> NONE Cash on Hand	NONE		NONE	NONE
<input type="checkbox"/> Yes <input type="checkbox"/> NONE Whole Life Insurance				
<input type="checkbox"/> Yes <input type="checkbox"/> NONE Other Assets not Listed				

Have you disposed of any assets within the last 24 months?  Yes  No If yes, Explain: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
 (Name) (Relationship) (City/State) (Phone #)

### APPLICANT CONTACT INFORMATION

Applicant Telephone # \_\_\_\_\_ Applicant E-Mail address \_\_\_\_\_

I/We certify that the facts set forth in this Application for Rental are true, complete and correct to the best of my knowledge and belief and are made in good faith. I/We understand that a false statement or change(s) in eligibility status of my application are grounds for rejection and I/We cannot reapply for 60 days from the date of this application. (Please Initial) \_\_\_\_\_

I/We agree that we have made an application deposit of \$ \_\_\_\_\_. The application deposit will be credited towards your security deposit upon move in or refunded if your application is not approved. The application deposit will be forfeited if you provide false information on the application or other documentation deemed necessary for eligibility, fail to respond to requests for information related to eligibility, or you cancel your application before a decision has been made by the property or after your application has been approved.

By execution of this application, I/We hereby authorize the management to make such investigations into my history as they may deem appropriate. I/We understand that such investigations typically include (but are not limited to) verification of employment and salary, criminal background check, rental history, student status and consumer credit reports.

**Warning: Section 1001 of Title 18 U.S. Code makes it a criminal offense to willfully falsify a material fact or make a false statement in any matter within the jurisdiction of Federal Agency.**

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Management Agent: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**WE ENCOURAGE AND SUPPORT THE NATION'S AFFIRMATIVE HOUSING PROGRAM IN WHICH THERE ARE NO BARRIERS TO OBTAINING HOUSING BECAUSE OF RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, HANDICAP OR FAMILIAL STATUS.**

This property does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988).

Name: LEDIC Management Group  
 Address: 555 Perkins Ext, Suite 200, Memphis, TN 38117  
 Telephone-Voice: (901) 435-7700 / TTY: Tennessee Relay Service (800) 848-0298 or (800) 848-0299 Voice for Hearing Impaired Inquires





# AFFORDABLE HOUSING APPLICATION

## RESIDENT SELECTION CRITERIA

**IT IS OUR POLICY TO RENT TO QUALIFIED PERSONS REGARDLESS OF RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, HANDICAP, OR FAMILIAL STATUS IN COMPLIANCE WITH ALL FEDERAL, STATE, AND LOCAL LAWS.**

- 1. Identity Verification.** Government issued photo identification will need to be presented by all household members 18 years and older and birth certificates for all household members under 18.
- 2. Application.** All adult household members and 17 year old members turning 18 within 120 days of the application must complete an application. 17 year old household members in the state of Mississippi must complete the application process.
- 3. Student Status.** This property has been financed through an Affordable Housing program that has restrictions on student households. If your household contains students your eligibility may be affected. The property staff will provide the specific requirements and certification forms.
- 4. Occupancy Background.** If your application is rejected because of a negative previous occupancy history, you will be given the name, address and telephone number of the consumer-reporting agency where you can obtain a copy of this information. We authorize the Property to make any and all inquiries to verify this information either directly or through information exchanged now or later with rental and credit screening services, and to contact previous and current landlords or other sources for credit and verification confirmation which may be released to appropriate Federal, state or local agencies.
- 5. Scoring of your Consumer Credit Report.** LEDIC Management Group uses an empirically derived, statistically sound, credit scoring system to evaluate your consumer credit report. Credit scoring is based on real data and statistics, so it treats all applicants objectively. Your consumer credit report contains information about you and your credit experiences, such as your bill-payment history, the number and type of accounts that you have late payments, collection actions, outstanding debt, and the age of your accounts. Using a statistical program, we compare this information to the credit performance of other applicants with similar profiles which allows us to predict how likely it is that you will pay your rent in a timely manner and fulfill your other lease obligations. Based upon your credit score, your application will be accepted, rejected or accepted on the condition that an additional security deposit is paid. If your application is rejected or is accepted with conditions, you will be given the name, address and telephone number of the consumer reporting agencies, which provided your consumer information to us. An applicant rejected for unsatisfactory credit is encouraged to obtain a copy of the credit report, correct any erroneous information that may be on the report and submit a new application to this community for further consideration.
- 6. Criminal Background Search.** If your application is accepted or accepted with conditions, we will conduct a criminal background search. It is our policy not to lease to applicants who have been convicted of certain felonies or misdemeanors. We have a pre-defined selection configuration, which has been provided to our Criminal Search vendor. Prior to final acceptance of any applicant, our Criminal Search vendor will search for criminal background information on each applicant. If a report is found, it will be compared to our pre-selected criteria and a determination regarding whether an applicant meets our criteria will be made. If your application is rejected based upon our pre-selected criteria, you will be given the name, address and telephone number of the consumer reporting agencies, which provided your criminal information to us and you may appeal the denial of your application if you believe the circumstances of the conviction warrant further review.

**Warning: Section 1001 of Title 18 U.S. Code makes it a criminal offense to willfully falsify a material fact or make a false statement in any matter within the jurisdiction of Federal Agency**

I/We have read and understand the Occupancy Standards, I hereby authorize the management to make such investigations into my history as they may deem appropriate. I understand that such investigations typically include (but are not limited to) verification of employment and salary, criminal background check, rental history, student status and consumer credit reports.

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_



## 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 \_\_\_\_\_ (owner or agent) 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: 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	State Unemployment Agencies	Retirement System
Public Housing Agencies)	Social Security Administration	Banks and other Financial
Support and Alimony Providers	Medical and Child Care Providers	Institutions

### 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.

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### SIGNATURES

\_\_\_\_\_  
Applicant/Resident (Print Name) Date

\_\_\_\_\_  
Co-Applicant/Resident (Print Name) Date

\_\_\_\_\_  
Adult Member (Print Name) Date

\_\_\_\_\_  
Adult Member (Print Name) Date



## UNDER \$5,000.00 ASSET CERTIFICATION

For households whose combined net assets do not exceed \$5,000.00.  
Complete only one form per household; include assets of children.

Household Name: \_\_\_\_\_

Building Identification Number: \_\_\_\_\_ Unit Number: \_\_\_\_\_

### Complete all that apply for 1 through 4:

1. My/our assets include:

(A) Cash Value*	(B) Int. Rate	(A*B) Annual Income	Source	(A) Cash Value*	(B) Int. Rate	(A*B) Annual Income	Source
\$ _____	_____	\$ _____	Savings Account	\$ _____	_____	\$ _____	Checking Account
\$ _____	_____	\$ _____	Cash on Hand	\$ _____	_____	\$ _____	Safety Deposit Box
\$ _____	_____	\$ _____	Certificates of Deposit	\$ _____	_____	\$ _____	Money market funds
\$ _____	_____	\$ _____	Stocks	\$ _____	_____	\$ _____	Bonds
\$ _____	_____	\$ _____	IRA Accounts	\$ _____	_____	\$ _____	401K Accounts
\$ _____	_____	\$ _____	Keogh Accounts	\$ _____	_____	\$ _____	Trust Funds
\$ _____	_____	\$ _____	Equity in real estate	\$ _____	_____	\$ _____	Land Contracts
\$ _____	_____	\$ _____	Lump Sum Receipts	\$ _____	_____	\$ _____	Capital investments
\$ _____	_____	\$ _____	Life Insurance Policies (excluding Term)				
\$ _____	_____	\$ _____	Other Retirement/Pension Funds not named above:				_____
\$ _____	_____	\$ _____	Personal property held as an investment**				_____
\$ _____	_____	\$ _____	:				_____
\$ _____	_____	\$ _____	Other (list):				_____

PLEASE NOTE: Certain funds (e.g., Retirement, Pension, Trust Accounts) may not be (fully) accessible to you. Include only those amounts that are.

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

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

2.  Within the past two (2) years, I/we have sold or given away assets (including cash, real estate, etc.) for more than \$1,000 below fair market value (FMV). Those amounts\* are included above and are equal to a total of: \$ \_\_\_\_\_. (\*the difference between FMV and the amount received, for each asset on which this occurred).
3.  I/we have not sold or given away assets (including cash, real estate, etc.) for less than fair market value during the past two (2) years.
4.  I/we do not have any assets at this time.

The net family assets (as defined in 24 CFR 813.102) above do not exceed \$5,000.00 and the annual income from the net family assets is \$ \_\_\_\_\_. This amount is included in total gross annual income.

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/Tenant \_\_\_\_\_ Date \_\_\_\_\_ Applicant/Tenant \_\_\_\_\_ Date \_\_\_\_\_



**TENNESSEE HOUSING DEVELOPMENT AGENCY  
CERTIFICATION OF STUDENT STATUS**

BIN Number	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**

<input type="checkbox"/>	The household contains no occupants who are students (full time or part time).
<input type="checkbox"/>	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 calendar year and/or upcoming calendar year. (months need not be consecutive).
	List non-student here: _____ _____
<input type="checkbox"/>	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: _____ _____
<input type="checkbox"/>	The household contains all full time students 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)	<input type="checkbox"/>	<input type="checkbox"/>
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)?	<input type="checkbox"/>	<input type="checkbox"/>
Is at least one student receiving Temporary Assistance to Needy Families (TANF)?	<input type="checkbox"/>	<input type="checkbox"/>
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)	<input type="checkbox"/>	<input type="checkbox"/>
Does the household consist of at least one student who was previously under foster care? (provide verification of participation)	<input type="checkbox"/>	<input type="checkbox"/>

**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 \_\_\_\_\_



**TENNESSEE HOUSING DEVELOPMENT AGENCY  
EMPLOYMENT VERIFICATION**

**THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY APPLICANT.**

TO: (Name & address of employer) \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Property Name

Project Identification

Property Fax Number

RE: \_\_\_\_\_  
Applicant Name Social Security Number Unit No. (if assigned)

I hereby authorize release of my employment information.

Signature of Applicant

Date

The individual named directly above is an applicant/tenant of a housing program that requires verification of income. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

Signature of Manager/Management Company

Date

**THIS SECTION TO BE COMPLETED BY EMPLOYER**

Employee Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Presently Employed: Yes \_\_\_\_\_ Date First Employed \_\_\_\_\_ No \_\_\_\_\_ Last Day of Employment \_\_\_\_\_

Current Wages/Salary: \$ \_\_\_\_\_ (Circle) Hourly Weekly Biweekly Semimonthly Monthly Annually Other

Average No. of regular hours per week: \_\_\_\_\_ Year to date earnings: N/A \_\_\_\_\_ through \_\_\_\_\_

Overtime Rate: \$ \_\_\_\_\_ per hour. Average number of overtime hours per week: \_\_\_\_\_

Shift Differential Rate: \$ \_\_\_\_\_ per hour. Average number of shift differential hours per week: \_\_\_\_\_

Commissions, Tips, Bonuses: \$ \_\_\_\_\_ (Circle) Hourly Weekly Biweekly Semimonthly Monthly Annually Other

List any anticipated change in the employee's rate of pay within the next 12 months: \_\_\_\_\_

Effective date of change: \_\_\_\_\_

If the employee's work is seasonal or sporadic, please indicate the layoff period(s): \_\_\_\_\_

Additional remarks: \_\_\_\_\_

Employer's Signature

Employer's Printed Name

Date

Employer (Company) Name and Address

Telephone Number

Fax Number

E-mail Address

**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.



## UNEMPLOYED APPLICANT'S AFFIDAVIT

A separate form must be completed by each non-employed adult member of the household

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Unit: \_\_\_\_\_

Check (A), (B) or (C) as applicable.

- \_\_\_\_\_(A) • I am not presently employed in any capacity and **do not** anticipate becoming employed within the next 12 months.
- \_\_\_\_\_(B) • I am not presently employed in any capacity, but anticipate becoming employed within the next 12 months, however, I do not yet have a job offer.
- \_\_\_\_\_(C) • I certify that I am not presently employed in any capacity, but anticipate becoming employed within the next 12 months, **and** I have accepted a position with \_\_\_\_\_ which will begin on \_\_\_\_\_  
 (Employer) (Date)  
 I will be earning \$ \_\_\_\_\_ per \_\_\_\_\_.

**In support of this, I have submitted:**

- Offer Letter/Conditional Employment Offer
- Fully Completed Verification of Employment (VOE)
- Other supporting documentation (describe) \_\_\_\_\_

### Unemployment Benefits (Check only one)

- I am currently receiving unemployment benefits.
- I am NOT currently receiving and **do not anticipate** receiving unemployment benefits.
- I am NOT currently receiving but **do anticipate** receiving unemployment benefits.

(Provide supporting documentation if receiving unemployment benefits)

I understand that this affidavit is made as part of the qualification procedure to determine eligibility for residency and that any misrepresentation herein will be considered a material breach of the lease agreement, subjecting me to immediate eviction.

Under penalty of perjury, I certify the above representations to be true as of the date shown below.

\_\_\_\_\_  
Applicant/Resident Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner/Manager Representative Signature

\_\_\_\_\_  
Date



**TENNESSEE HOUSING DEVELOPMENT AGENCY  
CERTIFICATION OF ZERO INCOME**

(To be completed by all applicable adult household members.)

Household Name: \_\_\_\_\_

Building Identification Number: \_\_\_\_\_ Unit Number: \_\_\_\_\_

1. I hereby certify that I do not individually receive income from any of the following sources:
  - a. Wages from employment (including commissions, tips, bonuses, fees, etc.);
  - b. Income from operation of a business;
  - c. Rental income from real or personal property;
  - d. Interest or dividends from assets;
  - e. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits;
  - f. Unemployment or disability payments;
  - g. Public assistance payments;
  - h. Periodic allowances such as alimony, child support, or gifts received from persons not living in my household;
  - i. Sales from self-employed resources (Avon, Mary Kay, Shaklee, etc.);
  - j. Any other source not named above.
2. I currently have no income of any kind and there is no imminent change expected in my financial status or employment status during the next 12 months.
3. I will be using the following sources of funds to pay for rent and other necessities:

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
Signature of Applicant/Resident                      Printed Name of Applicant/Resident                      Date

**TENNESSEE HOUSING DEVELOPMENT AGENCY  
STUDENT VERIFICATION**

**THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY STUDENT**

This Student Verification is requested to determine the undersigned's eligibility for residency at the following apartment:

Project Name: \_\_\_\_\_

Building Identification Number: \_\_\_\_\_ Unit Number if assigned: \_\_\_\_\_

Name of Educational Institution \_\_\_\_\_

**I hereby grant disclosure of the information requested below from** \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Student Identifying Number

**THIS SECTION TO BE COMPLETED BY EDUCATIONAL INSTITUTION**

The above named individual has applied for residency or is currently residing in housing that requires verification of student status. Please provide the information requested below:

**Is the above named individual a student at this educational institution?**      **YES**                      **NO**

**If so, is the student classified as full time or part time for day students?**      **FULL** \_\_\_\_\_      **PART** \_\_\_\_\_

**If full time, the date the student enrolled as such:** \_\_\_\_\_

**Expected date of graduation:** \_\_\_\_\_

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

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

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

Title: \_\_\_\_\_

Educational Institution: \_\_\_\_\_

**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.

# CERTIFICATION OF ALIMONY / CHILD SUPPORT

Property: \_\_\_\_\_  


Date: \_\_\_\_\_ Application for Unit: \_\_\_\_\_

Name: \_\_\_\_\_ SS# \_\_\_\_\_

Minor Name(1): \_\_\_\_\_ SS# \_\_\_\_\_

Non-Custodial Parent Name: \_\_\_\_\_

Please read the statements listed in sections 1 and 2 below and complete **ONLY** the section that describes your situation.  
**Section 3 must be completed by all applicants.**

**In connection with your review of my application for rental at this community, I confirm that:**

**Section 1** (Please check all that apply)

- I HAVE NOT** been awarded alimony, spousal support, child support or other compensation pursuant to any **court order or non- court agreement.**
- I AM NOT** in the process of seeking any monies for alimony, spousal support or child support through legal channels or otherwise. I am not under any affirmative obligation to seek such monies.
- BOTH** parents are living in the home and neither has been awarded alimony, spousal support, child support or other compensation pursuant to any **court order or non-court agreement.**

**Section 2** (Please check all that apply and provide 3<sup>rd</sup> party verification)

- I AM in the process of seeking monies for alimony, spousal support or child support through legal channels but currently there is no award.
- I HAVE** been awarded alimony, spousal support, child support or other compensation pursuant to a court order or other agreement in the amount of \$ \_\_\_\_\_ per month. (Attach supporting documentation)
- I HAVE** been awarded alimony, spousal support, child support but expect to receive no more than \$ \_\_\_\_\_ over the next 12 months, I do not expect to receive the full amount of money due me because: (Attach supporting documentation) and explain:  
\_\_\_\_\_
- I have taken the following actions in an attempt to collect the monies due me: \_\_\_\_\_ (Attach supporting documentation)
- Although I have not been awarded alimony, spousal support, child support or other compensation pursuant to a court order or other agreement, **I believe that I will receive** such an order within the next 12 months. I expect to receive \$ \_\_\_\_\_ per month commencing on \_\_\_/\_\_\_/\_\_\_ (Date). (Attach supporting documentation) or  
Explain: \_\_\_\_\_

**Section 3 (Must be completed)**

I further confirm that I have custody (50% or more of the time) of all minors listed on my application. \_\_\_\_\_ Yes \_\_\_\_\_ No

I have carefully read over this statement and I swear or affirm that it is true to the best of my knowledge, information and belief, and understand that it will be relied upon in connection with the Application for Rental and if any information is ever found to be false, same shall be cause for termination of the Lease.

Applicant/Resident's Signature \_\_\_\_\_ Date \_\_\_\_\_ Applicant/Resident's Signature \_\_\_\_\_ Date \_\_\_\_\_

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

**WARNING:** Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to willfully falsify a material fact or make a false statement in any matter within the jurisdiction of a federal agency.

# SELF-CERTIFICATION OF UNBORN

## CHILD/ADOPTION/CUSTODY

Applicant's Name: \_\_\_\_\_ Social Security No. \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

For purposes of determining the income limit and/or number of bedrooms applicable for my household size, I hereby certify that I am:

- Expecting a child (or children). The due date is: \_\_\_\_\_
- In the process of adopting a child (or children).
- In the process of obtaining custody of child (or children).

Explanation: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Under penalties of perjury, I certify that the information presented in this Self-Certification is true and accurate to the best of my knowledge and belief. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in termination of the lease agreement.

Signature: \_\_\_\_\_

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

Print your name: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Current Address: \_\_\_\_\_

SS #: \_\_\_\_\_

**Warning: 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.**

**SELF EMPLOYMENT AFFIDAVIT**

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

Project Name:	Project #	Date:
Applicant/Tenant:	SSN:	Apt. #:

Head of Household Name:	Date:
<input type="checkbox"/> Initial Certification	Expected Move in Date:
<input type="checkbox"/> Recertification	Effective Date:

You have applied to live in an apartment that is governed by the IRC §42 Low Income Housing Credit Program. This Program requires us to certify all of your income, asset and eligibility information as part of determining your household's eligibility. Program requirements state we must verify each income and asset source as well as other claims of eligibility. We must determine this prior to granting your eligibility and, if such eligibility is granted, each subsequent year you remain in the unit.

**COMPLETE THIS FORM IN ITS ENTIRETY**

**NET** Business income counted towards income eligibility for the Housing Credit Program is net income from the operation of a business or profession, including cash withdrawals from the business. Do NOT deduct accelerated depreciation, payments made to expand the business or principal payments on debt.

Name of Business:	Type of Business:		
Address:	City:	ST:	Zip:
Position/Title:	Start Date:		
Anticipated <b>NET</b> Income:	<input type="checkbox"/> Annual <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Other:		
Last Years <b>NET</b> Income:	<input type="checkbox"/> Annual <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Other:		
Have operations been continuous: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Will you or other household members receive wages from the business? <input type="checkbox"/> Yes <input type="checkbox"/> No			
IF Yes Anticipated <b>GROSS</b> Income:	<input type="checkbox"/> Annual <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Other:		

Attach a SIGNED:  Copy of your Federal Income Tax Return including Profit/Loss Statement for the last 2 years in business (1040, 1099 with Schedule C)  If a tax return is not available and this is a new business, you will need to provide an anticipated Profit/Loss Statement completed by an accountant, CPA or attorney.  Completed Partial years Schedule C for new business with supporting documents

I certify that the information given above is true and complete to the best of my knowledge. I understand that providing false or misleading information is a breach of my lease and may be subject to criminal penalties.

\_\_\_\_\_  
Applicant/Tenant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Witness Signature **or**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary Public-GA

\_\_\_\_\_  
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.