



FORT BERTHOLD HOUSING AUTHORITY
P.O. Box 310
New Town, ND 58763
Office Physical Address: Highway 1804 North, Dakota Drive
Telephone No. 701.627.4731 Fax No. 701.627.3802

TAX CREDIT

Part 2

Annual Student Certification

Effective Date: _____

Move In Date: _____

Head of Household Name: _____ Unit #: _____

Check A, B, or C, as applicable (note that students include those attending public or private elementary schools, middle or junior high schools, senior high schools, colleges universities, technical, trade, or mechanical schools, but does not include those attending on-the-job training courses):

- A. _____ Household contains at least one occupant who is not a student, has not been a student, and will not be a student for five or more months during the current and/or upcoming calendar year (months need not be consecutive). If this item is checked, no further information is needed.
- B. _____ Household contains all students, but is qualified because the following occupant(s) _____ is/are a part-time student(s). Documentation of part time student status is required for at least one member of the household.
- C. _____ Household contains all full-time students for five or more months during the current and/or upcoming calendar year (months need not be consecutive). If this item is checked, questions 1-5, below must be completed:

1. Is at least one student receiving assistance under Title IV of the Social Security Act? Yes No
2. Was at least one student previously under the care and placement responsibility of the state agency responsible for administering foster care? (provide documentation of participation) Yes No
3. 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 documentation of participation) Yes No
4. Is at least one student a single parent with child(ren) *and* this parent is not a dependent of another individual *and* the child(ren) is/are not dependent(s) of someone other than a parent? Yes No
5. Are the students married and entitled to file a joint tax return? Yes No

Households composed entirely of full-time student that are income eligible and satisfy one or more of the above conditions are considered eligible. If questions 1-5 are marked NO, or verification does not support the exception indicated, the household is considered an ineligible student household.

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.

Signature

Date

Signature

Date

Signature

Date

Signature

Date

* The following racial and ethnic definitions are modeled after the OMB-approved form, (HUD-52697), used by the U.S. Department of Housing and Urban Development (HUD):

A. Household members can select one or more of the following applicable racial definitions:

1 - **White** – A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

2 - **Black or African American** – A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or African American."

3 - **American Indian or Alaska Native** – A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

4 – **Asian** – A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent:

4a – Asian India

4e - Korean

4b – Chinese

4f - Vietnamese

4c – Filipino

4g – Other Asian

4d – Japanese

5 - **Native Hawaiian/Other Pacific Islander** – A person having origins in any of the original peoples of Hawaii, Guan Samoa, or other Pacific Islands.

5a – Native Hawaiian

5c - Samoan

5b – Guamanian or Chamorro

5d – Other Pacific Islander

Note: Multiple racial categories may be indicated as such: 31 – American Indian/Alaska Native & White, 14b – White & Asian (Chinese), etc.

B. Household members can select one of the following applicable ethnic definitions:

Hispanic or Latino – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."

Not Hispanic or Latino – A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

The following definition of "disabled" comes directly from the Fair Housing Act:

C. Per the Fair Housing Act, the definition of disabled is:

- A physical or mental impairments which substantially limits one or more major life activities; a record of such an impairment; or being regarded as having such an impairment. For a definition of "physical or mental impairment" and other terms used in this definition, please see 24 CFR 100.201, available at: http://www.fairhousing.com/index.cfm?method=page.display&PageName=regs_fhr_100-201.
- "Handicap" does not include current, illegal use of or addiction to a controlled substance.
- An individual shall not be considered to have a handicap solely because that individual is a transvestite.

You have applied for, or currently reside in, a rental housing unit located in a development operating under the Low Income Housing Tax Credit Program of Section 42 of the Internal Revenue Code. The collection of certain resident data is authorized by the Housing & Economic Recovery Act of 2008, and will be furnished to the U.S. Department of Housing & Urban Development. Each household must be offered the opportunity to disclose their race, ethnicity, and disability status. Parents/guardians are asked to disclose on behalf of all children in the household who are under the age of 18. There is no penalty for those households who do not wish to provide the requested information. However, all adult members (18 years or older) must sign/date at the bottom of this form as proof that the option to disclose was made available. * Refer to the attached page for definitions of race, ethnicity and disability.

Property Name	Unit Number
Household Name	

HOUSEHOLD COMPOSITION				RELATIONSHIP TO HEAD-OF-HOUSEHOLD						
Mbr #	First Name	Last Name	Date of Birth	Head	Spouse	Adult Co-Resident	Child	Foster Child/Adult	Live-in Caretaker	Other
1				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

RACIAL CATEGORIES* Enter applicable code (see attached page)	Member #1	Member #2	Member #3	Member #4	Member #5	Member #6	Member #7
White - 1							
Black or African American - 2							
American Indian or Alaska Native - 3							
Asian - 4 (4a, 4b, 4c, 4d, 4e, 4f, 4g)							
Native Hawaiian/Other Pacific Islander - 5 (5a, 5b, 5c, 5d)							
Choose Not to Disclose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ETHNIC CATEGORIES* Check all that apply for each household member	Member #1	Member #2	Member #3	Member #4	Member #5	Member #6	Member #7
Hispanic or Latino	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not Hispanic or Latino	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Choose Not to Disclose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DISABILITY STATUS* Check all that apply for each household member	Member #1	Member #2	Member #3	Member #4	Member #5	Member #6	Member #7
Are any household members disabled according to the Fair Housing Act? If "Yes," check box.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No or Choose Not to Disclose a Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Reasonable Accommodation: If a third party is required to assist with the completion of this document, add their signature and date, printed name, relationship and phone number to the bottom of this page.

Head of Household Signature	Date	Member #2 Signature	Date
Member #3 Signature	Date	Member #4 Signature	Date

UNDER \$5,000 ASSET CERTIFICATION
 Low Income Housing Tax Credit Program

03/10

For households whose combined net assets do not exceed \$5,000. Complete only one form per household; include assets of children.

Household Name:	Unit Number:
Development Name:	City:

ASSETS INCLUDE (Certain funds (e.g., Retirement, Pension, Trust) may or may not be (fully) accessible. Include only those amounts which are.)

Source of Income	Cash Value* (A)	Interest Rate (B)	Annual Income (A x B)
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 Investment	\$		\$
Life Insurance Policies (excluding term)	\$		\$
Other Retirement/Pension Funds not named above:	\$		\$
Personal Property held as an investment**:	\$		\$
Other (list):	\$		\$
Total Gross Annual Income			\$

*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.

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 their fair market value (FMV). Those amounts (the difference between FMV and the amount received, for each asset on which this occurred) are included above and are equal to a total of \$_____.

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.

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 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

AFFIDAVIT OF ALIMONY / CHILD SUPPORT

(Complete a separate form for each child)

Unit #: _____

Applicant/Tenant Name: _____

Child's Full Name: _____ Child's DOB: _____

❖ *I certify that I am the parent/legal guardian of the child listed above and that I have custody (50% or more of the time) of the child listed above.*

Choose **only one** of the three options below:

_____ I **am not** entitled to receive any alimony, child support, separate maintenance or any other compensation under any court order or non-court agreement. I am not in the process of seeking any monies for alimony, child support, or separate maintenance through legal channels or otherwise.

_____ I **am not** currently entitled to receive any alimony, child support, separate maintenance other compensation under any court order or other agreement (written or verbal). **However**, I believe I **will receive** such an order or agreement within the next 12 months. I expect to receive \$_____ per month, commencing on _____, 20__.

_____ I **am entitled** to receive alimony, child support, separate maintenance or other compensation under a court order or other agreement in the amount of \$_____ per month. (Attach applicable agreement – i.e.; divorce decree, child support agreement, etc.)

Notwithstanding the above, I expect to receive no more than \$_____ over the next 12 months because:

• *I have taken the following actions in an attempt to collect the monies due me:*

(Attach documentation proving efforts to collect)

I understand that this affidavit is made as part of the qualification procedure to determine eligibility of residency at the above LIHTC project, and that any misrepresentation herein will be considered a material breach of the lease agreement and subject me to immediate eviction. Under penalties of perjury, I certify the above representations to be true as of the signature date below.

Applicant Signature

Date

Manager Signature

Date

AFFIDAVIT OF ALIMONY / CHILD SUPPORT

(Complete a separate form for each child)

Unit #: _____

Applicant/Tenant Name: _____

Child's Full Name: _____ Child's DOB: _____

❖ I certify that I am the parent/legal guardian of the child listed above and that I have custody (50% or more of the time) of the child listed above.

Choose **only one** of the three options below:

_____ I **am not** entitled to receive any alimony, child support, separate maintenance or any other compensation under any court order or non-court agreement. I am not in the process of seeking any monies for alimony, child support, or separate maintenance through legal channels or otherwise.

_____ I **am not** currently entitled to receive any alimony, child support, separate maintenance other compensation under any court order or other agreement (written or verbal). **However**, I believe I **will receive** such an order or agreement within the next 12 months. I expect to receive \$_____ per month, commencing on _____, 20__.

_____ I **am entitled** to receive alimony, child support, separate maintenance or other compensation under a court order or other agreement in the amount of \$_____ per month. (Attach applicable agreement – i.e.; divorce decree, child support agreement, etc.)

Notwithstanding the above, I expect to receive no more than \$_____ over the next 12 months because:

• I have taken the following actions in an attempt to collect the monies due me:

(Attach documentation proving efforts to collect)

I understand that this affidavit is made as part of the qualification procedure to determine eligibility of residency at the above LIHTC project, and that any misrepresentation herein will be considered a material breach of the lease agreement and subject me to immediate eviction. Under penalties of perjury, I certify the above representations to be true as of the signature date below.

Applicant Signature

Date

Manager Signature

Date

CERTIFICATION OF ZERO INCOME

Housing Credit Program

7/07

(To be completed by adult household members only, if appropriate.)

Household Name: _____ Unit No. _____

Development Name: _____ City _____

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/Tenant

Printed Name of Applicant/Tenant

Date

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. And check one below.

_____(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 _____ (employer) which will begin on _____ (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

I am NOT currently receiving but do anticipate receiving unemployment

(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

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

VERIFICATION OF TRIBAL TRUST LAND OWNERSHIP/INCOME

Low Income Housing Tax Credit Program

03/10

TO: _____ DATE: _____

APPLICANT/RESIDENT: _____
Applicant/Tenant Name Date of Birth

TO BE COMPLETED BY PROJECT MANAGER

The person listed above indicated that he or she has ownership of individual trust land and income derived from that land. Information provided will remain confidential and will be used solely for the purpose of determining eligibility for occupancy in a housing development receiving tax credits under Section 42 of the Internal Revenue Service Code.

Project Management Agent

TO BE COMPLETED BY APPLICANT

I hereby authorize the above named management agent to make inquiries regarding my income for the purpose of determining my eligibility for occupancy.

Signed _____ Date _____

VERIFICATION OF TRIBAL TRUST LAND OWNERSHIP/INCOME

This form is to be completed by an official representative of the BIA, Tribal Lands Office, or other Tribal Designated Official.

Name of Tribe/Nation:	
Is property held in an Individual Trust by the United States Government for the Applicant/Tenant named above? <input type="checkbox"/> Yes <input type="checkbox"/> No	How many Acres of Land are held in the Trust?
Does the Applicant/Tenant named above receive income from the leasing of this land? <input type="checkbox"/> Yes <input type="checkbox"/> No	How much income does the Applicant/Tenant received per year?

By signing below, I certify that the information above, to the best of my knowledge, is correct.

Signature of Tribal Official _____ Date _____
Name of Tribal Official (please print) _____ Title _____
Mailing Address _____ Phone/Fax _____
City/State/Zip _____ Email Address _____

TO BE COMPLETED BY PROJECT MANAGER

PLEASE RETURN TO:

Phone Number: _____ Fax Number: _____

VERIFICATION OF TRIBAL TRUST LAND OWNERSHIP/INCOME

Low Income Housing Tax Credit Program

03/10

TO: _____ DATE: _____

APPLICANT/RESIDENT: _____
Applicant/Tenant Name Date of Birth

TO BE COMPLETED BY PROJECT MANAGER

The person listed above indicated that he or she has ownership of individual trust land and income derived from that land. Information provided will remain confidential and will be used solely for the purpose of determining eligibility for occupancy in a housing development receiving tax credits under Section 42 of the Internal Revenue Service Code.

Project Management Agent

TO BE COMPLETED BY APPLICANT

I hereby authorize the above named management agent to make inquiries regarding my income for the purpose of determining my eligibility for occupancy.

Signed _____ Date _____

VERIFICATION OF TRIBAL TRUST LAND OWNERSHIP/INCOME

This form is to be completed by an official representative of the BIA, Tribal Lands Office, or other Tribal Designated Official.

Name of Tribe/Nation: _____	
Is property held in an Individual Trust by the United States Government for the Applicant/Tenant named above? <input type="checkbox"/> Yes <input type="checkbox"/> No	How many Acres of Land are held in the Trust? _____
Does the Applicant/Tenant named above receive income from the leasing of this land? <input type="checkbox"/> Yes <input type="checkbox"/> No	How much income does the Applicant/Tenant received per year? _____

By signing below, I certify that the information above, to the best of my knowledge, is correct.

_____ Signature of Tribal Official	_____ Date
_____ Name of Tribal Official (please print)	_____ Title
_____ Mailing Address	_____ Phone/Fax
_____ City/State/Zip	_____ Email Address

TO BE COMPLETED BY PROJECT MANAGER

PLEASE RETURN TO:

Phone Number: _____ Fax Number: _____

FORT BERTHOLD HOUSING AUTHORITY
PROGRAM FRAUD NOTICE

The new Housing and Urban Development (HUD) regulations establish administrative procedures for imposing civil penalties and assessments against persons who file false claims or statements while applying for housing benefits. These regulations, which implement the Program Fraud Civil Remedies Act of 1986, apply to all applicants for Indian housing programs, as well as tenants and homebuyers.

The Program Fraud Remedies regulations apply to any person or persons who misrepresent or omit information from applications for housing, income verification, re-examination of information, family composition, age of family members, etc. The HUD Inspector General may investigate and they may be subject to the following penalties:

1. Up to \$5,000 for filing such claims; or
2. Up to \$5,000 plus up to twice the amount of benefits which were fraudulently received; and
3. In any case, whether or not benefits were actually received by the individual family, and other remedy, which may be prescribed by law, will still apply. (This means that that fines do not preclude criminal charges for legal actions against the person(s) committing the fraud.)

Some of the areas where such fraud may occur:

- Families reporting less than all sources of income, (e.g., only reporting husband's income when both spouses are working; or not reporting all or part of part-time income or other seasonal income.)
- Families listing more dependents that are eligible or who live in the household.
- Families misrepresenting age to either get benefits for elderly or claim children as dependents after they reach the age of 18.
- Families not reporting all assets, such as bank accounts, real estate/homes owned (not including trust lands).

The attachment of this Rider shall be made part of the application, Dwelling Lease, Mutual Self-Help Agreement (MHOA) or recertification.

I have read the above and understand the possible penalties I may be subject to for providing fraudulent information. All Household Members Age 18 and Over must read, sign and date:

Signature

Date

Signature

Date

Signature

Date

FEDERAL PRIVACY ACT STATEMENT

The U.S. Department of Housing and Urban Development (HUD) will be collecting information you gave to the **Fort Berthold Housing Authority** (the Authority) at application or re-examination. HUD will collect the information on Form HUD-50058. The data it will collect includes name, sex, birth date, Social Security Number (SSN), income (by source), assets, certain deductible expenses and rental payment.

The Privacy Act of 1974 as amended requires us to tell you about this. We also are required to tell you what HUD will do with the information.

HUD will use the information to manage and monitor HUD-assisted housing programs. It also may verify whether information is accurate and complete by doing a computer match.

HUD may give the information to Federal, State, and local agencies when it will be used for civil, criminal, or regulatory investigations and prosecutions. HUD also may make summaries of resident data available to the public. Other than these uses, HUD will not release the information outside HUD, except as permitted or required by law.

The Housing and Community Development Act of 1987, 42 U.S.C. 3543 requires applicants and residents to give the Authority the SSN(s) of household members at least six (6) years old. If you are an applicant and you have been issued or use SSN(s) and you do not give them to the Authority, the Authority is required to reject your application for housing assistance. If you are receiving housing assistance and you have been issued or use SSN(s) and you do not give them to the Authority, the Authority is required to evict your family or withdraw your housing assistance.

The U. S. Housing Act of 1937, as amended, 42 U.S.C. 1437 et. seq., and the Housing and Community Development Act of 1981, P.L. 97-35, 85 stat., 348, 408 require applicants and residents to provide the other information (listed in the first paragraph) to the Authority. If you are an applicant and you fail to give the Authority this information, the Authority may have to evict you or withdraw your housing assistance.

I have read the Federal Privacy Act Statement.

Signature, Printed Name of Head of Household and Date

Signature, Printed Name of Other Adult Member of the Household and Date

Original is retained in the requesting organization

Signature, Printed Name of Spouse Other Adult Member of the Household and Date

Signature, Printed Name of Other Adult Member of the Household and Date

STATE DISBURSEMENT UNIT CHILD SUPPORT and/or ALIMONY VERIFICATION

(Completed by State Disbursement Unit)
Housing Credit Program

9/04

FAX TO: 701-328-5425

State Disbursement Unit

PO Box 7280

Bismarck, ND 58507-7280

Date _____

Applicant _____

Social Security # _____

(Mandatory)

TO BE COMPLETED BY PROJECT MANAGER

The person listed above has indicated that he or she is court ordered child support and/or alimony/spousal support. Information provided will remain confidential and will be used solely for the purpose of determining eligibility for occupancy in a housing development receiving tax credits under Section 42 of the Internal Revenue Service Code.

_____ Project Management Agent

TO BE COMPLETED BY APPLICANT

I hereby authorize the above named management agent to make inquiries regarding my court ordered child support and/or alimony/spousal support for the purpose of determining my eligibility for occupancy.

Signed _____ Date _____

TO BE COMPLETED BY STATE DISBURSEMENT UNIT

This will certify that the above named person receives \$ _____ per _____ in child support and \$ _____ per _____ in alimony/spousal support. (A copy of the account ledger may be substituted.)

Signature and Title of Official: _____

Date: _____

TO BE COMPLETED BY PROJECT MANAGER

PLEASE RETURN TO:

Phone Number: _____ Fax Number: _____

STATE DISBURSEMENT UNIT CHILD SUPPORT and/or ALIMONY VERIFICATION

(Completed by State Disbursement Unit)
Housing Credit Program

9/04

FAX TO: 701-328-5425
State Disbursement Unit
PO Box 7280
Bismarck, ND 58507-7280

Date _____
Applicant _____
Social Security # _____
(Mandatory)

TO BE COMPLETED BY PROJECT MANAGER

The person listed above has indicated that he or she is court ordered child support and/or alimony/spousal support. Information provided will remain confidential and will be used solely for the purpose of determining eligibility for occupancy in a housing development receiving tax credits under Section 42 of the Internal Revenue Service Code.

_____ Project Management Agent

TO BE COMPLETED BY APPLICANT

I hereby authorize the above named management agent to make inquiries regarding my court ordered child support and/or alimony/spousal support for the purpose of determining my eligibility for occupancy.

Signed _____ Date _____

TO BE COMPLETED BY STATE DISBURSEMENT UNIT

This will certify that the above named person receives \$ _____ per _____ in child support and \$ _____ per _____ in alimony/spousal support. (A copy of the account ledger may be substituted.)

Signature and Title of Official: _____

Date: _____

TO BE COMPLETED BY PROJECT MANAGER

PLEASE RETURN TO:

Phone Number: _____ Fax Number: _____

Bank Verification

TO: (Name & address)

RE: _____
Applicant/Tenant Name Social Security Number Unit # (if assigned)

I hereby authorize release of my asset information.

Signature of Applicant/ Tenant 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.

Project Owner/Management Agent

MAIL OR FAX THIS FORM TO:

[Empty rectangular box for mailing address]

THIS SECTION TO BE COMPLETED BY FINANCIAL INSTITUTION

SAVINGS ACCOUNT:

Acct #: _____
Current Balance \$ _____
Current % Rate _____

SAVINGS ACCOUNT:

Acct # _____
Current Balance \$ _____
Current % Rate _____

CHECKING ACCOUNT:

Average Balance for the Past Six Months: \$ _____
Rate of Interest: _____ % Current Balance: \$ _____

Please list other asset accounts below (Certificates of Deposit, Money Market Funds, Trust, IRA's, etc.)

Account Number	Balance	Type of Account	Rate of Interest	Cash Value*
_____	\$ _____	_____	_____ %	\$ _____
_____	\$ _____	_____	_____ %	\$ _____
_____	\$ _____	_____	_____ %	\$ _____

*NOTE: CASH VALUE IS THE CURRENT VALUE MINUS PENALTIES FOR EARLY WITHDRAWAL.

Signature: _____ Date: _____
Print your name: _____ Tel. #: _____
Title: _____
Bank Name: _____
Address: _____

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.

Dear Sir/Madam:

We are required to verify the income of all household members applying for admission as residents to the federally assisted housing units which we operate, and periodically to re-examine household income. To comply with this requirement, we ask your cooperation in supplying the information requested below regarding the referenced individual. The information will be used only in determining the eligibility status of the Household.

Your prompt return of this form will be appreciated. If you have any questions, please call:

Name: _____

Phone Number: _____

Sincerely,

Management Agent

PUBLIC ASSISTANCE VERIFICATION

Low Income Tax Credit Program

10/12

Property Name: _____

Unit: _____

1st Request _____

Re: _____

2nd Request _____

3rd Request _____

Social Security Number#: _____

Fax Number _____

Attn: _____

I hereby authorize the release of requested information.

Applicant's Signature _____

Date _____

TO BE COMPLETED BY CASEWORKER

Number in Household: _____

	Monthly Amount
Temporary Assistance for Needy Families:	
GAU:	
Food Stamps:	
State SSI:	
Other Assistance – Type:	
Other Income – Source:	
Comments:	

Signature	Title	
Printed Name	Phone Number	Date

PER CAPITA INCOME VERIFICATION

Source Name: _____

Head of Household: _____

Contact Person: _____

Unit #: _____

Phone: _____

RE: _____

Fax: _____

SS#: _____

Authorization by applicant / tenant to release information:

I hereby authorize the release of my income information for the purpose of determining my eligibility or continued eligibility in the Section 42 Housing Program.

Applicant / Tenant Signature _____

Date _____

The individual named directly above is an applicant / tenant of a housing program that requires the verification of income. The information provided on this form will remain confidential to that stated purpose only.

Apartment Management / Owner's Agent Signature _____

Date _____

UPON COMPLETION, PLEASE RETURN FORM TO

THIS SECTION TO BE COMPLETED BY THE SOURCE LISTED ABOVE

Check the type(s) of income paid to the above referenced household member and fill in the GROSS amount and frequency of payments.

Type of Income Paid (Check all that apply)	GROSS Amount	Frequency of Payments
<input type="checkbox"/> Gaming/Casino Per Capita	\$ _____	_____
<input type="checkbox"/> Other Per Capita _____ (Please Describe)	\$ _____	_____
<input type="checkbox"/> Farming/Grazing	\$ _____	_____
<input type="checkbox"/> Oil/Gas Royalties	\$ _____	_____
<input type="checkbox"/> Other: _____ (Please Describe)	\$ _____	_____

Do you anticipate any changes in the amount paid or frequency of payments in the next 12 months? Yes No

If yes, please describe: _____

Please list any bonuses received: \$ _____ Recurring OR One-time Lump Sum

Are bonuses included in the annual income listed above? Yes OR No

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Name of person supplying information: _____ Title: _____

Signature: _____ Date: _____

