

Dear Applicants,

Welcome to the Critical Home Repair process with Habitat for Humanity of Marion County, Inc. Please feel free to call us if you have any questions during this process. We will be happy to help you along this journey.

Habitat for Humanity  
of Marion County, Inc.

2004 Hempstead Drive  
Pella, IA 50219  
641-828-8844

[director@marionhfh.org](mailto:director@marionhfh.org)  
[www.hfhmci.org](http://www.hfhmci.org)



The Critical Home Repair program is open when funding is available. Please call our office prior to filling out the application to verify funding is available at the time you would like to apply.

You must complete ALL the required documents to be considered for this program. If you falsify any information, you will be disqualified. All documents must be complete and truthful in your application.

The following are minimal requirements for our critical home repair program:

1. A critical home repair in which you are not able to pay/not cosmetic
2. The willingness to partner/volunteer doing sweat equity
3. Live or work in Marion County for at least one year (may require documentation)
4. Own your home for a minimum of one year
5. Meet income qualifications
6. Disclose all information accurately and honestly. Failure to do so will result in removal from the program

All awards are subject to available funding for the project. Please let us know if you have any questions!

-Habitat for Humanity of Marion County, Inc.

Please check boxes as you have prepared the following documents. All documents must be included in your application.

| Check when completed | Required Documents   |
|----------------------|--|
|                      | Application for Critical Home Repair   |
|                      | Brochure (Front and Back)  |
|                      | Background Check Authorization (1 per adult in household)                        |
|                      | \$5,000 Asset Certification  |
|                      | Permission for Electronic Communication (1 per adult in household)               |
|                      | Zero Income Affidavit (1 per adult that this is applicable)                      |
|                      | Child Support Affidavit (1 per adult that either pays or receives Child Support) |
|                      | Violence Against Women Act Form (One per adult in the Household)                 |
|                      | Full-time Student Verification (1 per adult that this is applicable)             |

Please check boxes as you have provided the following documents.

| Check when completed | Required Documents  |
|----------------------|---|
|                      | Three months of income verification including paycheck stubs and/or annual social security letter |
|                      | Three months of recent bank statements for all bank accounts                                      |
|                      | Two years most recent tax returns and W2's  |
|                      | Proof of child support or alimony (if you receive child support and/or alimony)                   |
|                      | Declarations page from Homeowners Policy covering property  |

Please hand deliver the above to the Habitat for Humanity of Marion County office at:

2004 Hempstead Drive

Pella, IA 50219

(641)828-8844

## What does Habitat for Humanity do?

As an ecumenical Christian organization, we work toward eliminating substandard housing and empowering families in the Marion County area and around the world.

## What is critical housing repair?

Critical housing repair is defined as extensive interior or exterior work performed to alleviate critical health, life, and safety issues or code violations. This may include a change to or repair of materials; a reconfiguration of space; a modification for accessibility; or installation or extension of plumbing, mechanical or electrical systems on an existing structure. Critical housing repair helps homeowners who are affected by age, disability, or family circumstances and struggle to maintain the integrity of their homes.

Habitat for Humanity does not discriminate any person based on color, race, sex, familial status, national origin, disability, religion, creed, sexual orientation, gender identity, or retaliation.



This is an Equal Opportunity Program. Discrimination is prohibited by Federal Law.

Place  
stamp  
here

Tape here

Tape here



P.O. Box 229  
Knoxville, IA 50138

Habitat for Humanity of Marion County, Inc.

2004 Hempstead Drive

Pella, IA 50219



# Critical Housing Repair Program

*Building Homes,  
Building Community,  
Building Hope*

(641) 828-8844  
[www.hfhmci.org](http://www.hfhmci.org)

Revised 1/2018

Photos©Ezra Millstein/Habitat for Humanity

**Thank you for your interest in  
Habitat for Humanity of  
Marion County!**

**Please answer the following  
questions to help us determine if  
you are eligible.**

**In order to qualify with Habitat, you must  
meet 4 basic requirements:**

- Need for adequate shelter;
- Willingness to partner/volunteer;
- Meet our financial guidelines; and
- Live in Marion County.

**1. Need for adequate shelter**

“Need for adequate shelter” can include a variety of conditions and is determined on a case-by-case basis.

**Please list your top 3 needed house repairs:**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Have you acquired any estimates or bids for the repairs listed above?

☐ Yes

☐ No

**2. Willingness to partner**

Your partnership with Habitat includes sweat equity hours, which must be completed before your home construction begins. Examples of this include assisting non-profit groups or working on a Habitat project. We can work with you on ways to earn sweat equity that meet your availability and physical capabilities.

**Are you willing to partner with Habitat?**

☐ Yes

☐ No

**3. Meet our financial guidelines**

We partner with families who are unable to obtain conventional loans or pay for entire repair projects by themselves. Habitat has an income guideline to determine eligibility. If you believe this program may be what you are looking for then talk to a staff member about the application process.



**4. Live or work in Marion County**

**Have you lived or worked in Marion  
County for at least 1 year?**

☐ Yes

☐ No

**If you have any questions, please  
call our office at (641) 828-8844.**

**Please complete your contact  
information below.**

**Applicant:** \_\_\_\_\_

**Co-applicant:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** ( \_\_\_\_\_ ) \_\_\_\_\_

**Alt. Phone:** ( \_\_\_\_\_ ) \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Applicant Birth Date:** \_\_\_\_\_

**Co-applicant Birth Date:** \_\_\_\_\_

**Number of People in Household:** \_\_\_\_\_

**Owner of property or name on the deed:**

\_\_\_\_\_



# Application

for Critical Home Repair

Please send completed application to:  
Habitat for Humanity of Marion County, Inc.  
2004 Hempstead Drive  
Pella, IA 50219  
(641) 828-8844



We are pledged to the letter and spirit of U.S. policy for the achievement of equal housing opportunity throughout the nation. We encourage and support an affirmative advertising and marketing program in which there are no barriers to obtaining housing because of race, color, religion, sex, handicap, familial status, or national origin.

This is an Equal Opportunity Program. Discrimination is Prohibited by Federal Law.

Dear Applicant: Please complete this application to determine if you qualify for a Habitat for Humanity house. Please fill out the application as completely and accurately as possible. All information you include on this application will be kept confidential.

| 1. APPLICANT INFORMATION  |  |                        |            |  |   |  |   |                          |  |            |  |
|---|--|------------------------|------------|--|---|--|---|--------------------------|--|------------|--|
| Applicant   |  |                        |            |  | Co-applicant  |  |   |                          |  |            |  |
| Applicant's Name  |  |                        | Birth Date |  | Co-applicant's Name   |  |   | Birth Date               |  |            |  |
| Social Security Number  |  |                        | Home Phone |  | Social Security Number  |  |   | Home Phone               |  |            |  |
| <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (E.g. single, divorced, widowed) |  |                        |            |  | <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (E.g. single, divorced, widowed) |  |   |                          |  |            |  |
| Dependents and others who will live with you  |  |                        |            |  |   |  |   |                          |  |            |  |
| Name  |  | Social Security Number |            |  | Birth Date  |  | Male                                    | Female                   |  |            |  |
| _____   |  | _____                  |            |  | _____   |  | <input type="checkbox"/>                | <input type="checkbox"/> |  |            |  |
| _____   |  | _____                  |            |  | _____   |  | <input type="checkbox"/>                | <input type="checkbox"/> |  |            |  |
| _____   |  | _____                  |            |  | _____   |  | <input type="checkbox"/>                | <input type="checkbox"/> |  |            |  |
| _____   |  | _____                  |            |  | _____   |  | <input type="checkbox"/>                | <input type="checkbox"/> |  |            |  |
| _____   |  | _____                  |            |  | _____   |  | <input type="checkbox"/>                | <input type="checkbox"/> |  |            |  |
| _____   |  | _____                  |            |  | _____   |  | <input type="checkbox"/>                | <input type="checkbox"/> |  |            |  |
| Present Address (street, city, state, ZIP)   Own   Rent   |  |                        |            |  | Present Address (if different from applicant)   Own   Rent  |  |   |                          |  |            |  |
| Number of Years _____   |  |                        |            |  | Number of Years _____   |  |   |                          |  |            |  |
| If Living at Present Address for Less Than Two Years, Complete the Following  |  |                        |            |  |   |  |   |                          |  |            |  |
| Last Address (street, city, state, ZIP)   |  |                        | Own        |  | Rent  |  | Last Address (street, city, state, ZIP) |                          |  | Own   Rent |  |
| Number of Years _____   |  |                        |            |  |   |  | Number of Years _____                   |                          |  |            |  |

## 2. FOR OFFICE USE ONLY – DO NOT WRITE IN THIS SPACE

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

More Information Requested?   ☐ Yes   ☐ No

Date Application Completed: \_\_\_\_\_

☐ Accepted   ☐ Denied

Date Letter Sent: \_\_\_\_\_

Date of Home Visit: \_\_\_\_\_

Date Letter Sent: \_\_\_\_\_

### 3. WILLINGNESS TO PARTNER

To be considered for a Habitat home, you and your family must be willing to complete a certain number of "sweat-equity" hours. Your help in building your home and the homes of others is called "sweat equity," and may include clearing the lot, painting, helping with construction, working in the Habitat office, attending homeownership classes or other approved activities.

Yes No

I AM WILLING TO COMPLETE THE REQUIRED SWEAT-EQUITY HOURS:

Applicant:

Co-applicant:

### 4. PRESENT HOUSING CONDITIONS

Number of bedrooms (please circle) 1 2 3 4 5

Other rooms in the place where you are currently living:

☐ Kitchen ☐ Bathroom ☐ Living Room ☐ Dining Room ☐ Other (please describe) \_\_\_\_\_

If you rent your residence, what is your monthly rent payment? \$ \_\_\_\_\_ /month

(Please supply a copy of your lease or a copy of a money order receipt or canceled rent check.)

Name, address and phone number of current landlord: \_\_\_\_\_

In the space below, describe the condition of the house or apartment where you live. Why do you need a Habitat home?

### 5. PROPERTY INFORMATION

If you own your residence, what is your monthly mortgage payment? \$ \_\_\_\_\_ /month Unpaid Balance \$ \_\_\_\_\_

Do you own land? ☐ No ☐ Yes (If yes, please describe, including location) \_\_\_\_\_

Is there a mortgage on the land? ☐ No ☐ Yes If yes: Monthly Payment \$ \_\_\_\_\_ Unpaid Balance \$ \_\_\_\_\_

If you are approved for a Habitat home, how should your name(s) appear on the legal documents?

### 6. EMPLOYMENT INFORMATION

| Applicant  |                             |   |                             | Co-Applicant |  |
|--|-----------------------------|---|-----------------------------|--------------|--|
| Name and Address of <b>current</b> employer                                      | Years on This Job           | Name and Address of <b>current</b> employer | Years on This Job           |              |  |
|  | Monthly (gross) Wages<br>\$ |   | Monthly (gross) Wages<br>\$ |              |  |
| Type of Business   | Business Phone              | Type of Business                            | Business Phone              |              |  |
| If working at current Job less than one Year, complete the following information |                             |   |                             |              |  |
| Name and Address of <b>last</b> employer   | Years on This Job           | Name and Address of <b>last</b> employer    | Years on This Job           |              |  |
|  | Monthly (gross) Wages<br>\$ |   | Monthly (gross) Wages<br>\$ |              |  |
| Type of Business   | Business Phone              | Type of Business                            | Business Phone              |              |  |

## 7. MONTHLY INCOME AND COMBINED MONTHLY BILLS

| gross monthly income                | Applicant | co-Applicant | <sup>2</sup> others in household | <sup>3</sup> monthly bills     | monthly Amount |
|-------------------------------------|-----------|--------------|----------------------------------|--------------------------------|----------------|
| <sup>1</sup> Base employment Income | \$        | \$           | \$                               | Rent                           | \$             |
| TANF                                |           |              |                                  | Utilities                      |                |
| Food Stamps                         |           |              |                                  | Car Payments                   |                |
| Social Security                     |           |              |                                  | Medical Insurance              |                |
| SSI                                 |           |              |                                  | Child Care                     |                |
| Disability                          |           |              |                                  | Auto Insurance                 |                |
| Alimony                             |           |              |                                  | Avg. Total Credit Card Payment |                |
| Child Support                       |           |              |                                  | Student Loans                  |                |
| Other                               |           |              |                                  | Alimony/Child Support          |                |
| <b>total</b>                        | \$        | \$           | \$                               | <b>total</b>                   | \$             |

<sup>1</sup>Self-employed applicant(s) may be required to provide additional documentation such as tax returns and financial statements.

<sup>3</sup>Please attach copies of last month's bills.

<sup>2</sup>List additional household members over 18 who receive income:

| Name  | Age   | Monthly Income |
|-------|-------|----------------|
| _____ | _____ | \$ _____       |
| _____ | _____ | \$ _____       |
| _____ | _____ | \$ _____       |

## 8. SOURCE OF DOWN PAYMENT AND CLOSING COSTS

Where will you get the money to make the down payment (for example, savings or parents)? If you borrow the money, who will you borrow it from, and how will you pay it back?

## 9. ASSETS

**list checking and savings Accounts below**

|  |  |
|--|--|
| Name and Address of Bank, Savings & Loan, or Credit Union: | Name and Address of Bank, Savings & Loan, or Credit Union: |
| Account Number: Balance \$                                 | Account Number: Balance \$                                 |
| Name and Address of Bank, Savings & Loan, or Credit Union: | Name and Address of Bank, Savings & Loan, or Credit Union: |
| Account Number: Balance \$                                 | Account Number: Balance \$                                 |
| Name and Address of Bank, Savings & Loan, or Credit Union: | Name and Address of Bank, Savings & Loan, or Credit Union: |
| Account Number: Balance \$                                 | Account Number: Balance \$                                 |



|                       |     |    |                      |     |    |
|-----------------------|-----|----|----------------------|-----|----|
| <b>Do you own a:</b>  | Yes | No | <b>Do you own a:</b> | Yes | No |
| Boat                  |     |    | Car (#1)             |     |    |
| Camper/RV/Mobile Home |     |    | Make and Year _____  |     |    |
| Extra Vehicle/ATV/ETC |     |    | Car (#2)             |     |    |
| Swimming Pool         |     |    | Make and Year _____  |     |    |

### 10. Debt

#### To whom Do You and the Co-Applicant Owe Money?

| column 1                              |                       |                      | column 2                              |                       |                      |
|---------------------------------------|-----------------------|----------------------|---------------------------------------|-----------------------|----------------------|
| Car                                   | Monthly Payment<br>\$ | Unpaid Balance<br>\$ | Cell Phone Contracts                  | Monthly Payment<br>\$ | Unpaid Balance<br>\$ |
|                                       | Mos. left to pay:     |                      |                                       | Mos. left to pay:     |                      |
| Furniture, Appliances and Televisions | Monthly Payment<br>\$ | Unpaid Balance<br>\$ | <b>other money You owe</b>            |                       |                      |
|                                       | Mos. left to pay:     |                      | Name and Address of Company           | Monthly Payment<br>\$ | Unpaid Balance<br>\$ |
| Credit Card                           | Monthly Payment<br>\$ | Unpaid Balance<br>\$ |                                       | Mos. left to pay:     |                      |
|                                       | Mos. left to pay:     |                      | Alimony/Child Support                 | \$ /month             |                      |
| Medical                               | Monthly Payment<br>\$ | Unpaid Balance<br>\$ | Job-related expenses                  | \$ /month             |                      |
|                                       | Mos. left to pay:     |                      | (Child Care, Union Dues, etc.)        | \$ /month             |                      |
| <b>column 1: subtotal of payments</b> | \$ /month             |                      | <b>column 2: subtotal of payments</b> | \$ /month             |                      |
|                                       |                       |                      | <b>column 1: subtotal of payments</b> | \$ /month             |                      |
|                                       |                       |                      | <b>total monthly expenses</b>         | \$ /month             |                      |

### 11. Declarations

Please check the box that best answers the following questions for you and the co-applicant.

|  | Applicant                    |                             | Co-applicant                 |                             |
|--|------------------------------|-----------------------------|------------------------------|-----------------------------|
| a. Do you have any debt because of a court decision against you? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Have you been declared bankrupt within the past seven years?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Have you had property foreclosed on in the past seven years?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Are you currently involved in a lawsuit?                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Are you paying alimony or child support?                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. Are you a U.S. citizen or permanent resident?                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you answered "yes" to any question a through e, or "no" to question f, please explain on a separate piece of paper.

### 12. Authorization and Release

I understand that by filing this application, I am authorizing Habitat for Humanity to evaluate my actual need for a Habitat home, my ability to repay the no-interest loan and other expenses of homeownership and my willingness to be a partner family. I understand that the evaluation will include personal visits, a credit check, and employment verification. I have answered all the questions on this application truthfully. I understand that if I have not answered the questions truthfully, my application may be denied, and that even if I have already been selected to receive a Habitat home, I may be disqualified from the program. The original or a copy of this application will be retained by Habitat for Humanity even if the application is not approved.

I also understand that Habitat for Humanity screens all potential staff (whether paid or unpaid), board members and applicant families on the sex offender registry, and that by completing this application, I am submitting myself and all persons listed on the first page of the application to such an inquiry. I further understand that by completing this application, I am submitting myself and all persons listed on the first page of the application to a criminal background check and credit check.



**PLEASE NOTE:** If more space is needed to complete any part of this application, please use a separate sheet of paper and attach it to this application. Please mark your additional comments with "A" for Applicant or "C" for Co-applicant.

13. Information for Government Monitoring Purposes

**Please read this statement before completing the box below:** The following information is requested by the federal government for loans related to the purchase of homes, in order to monitor the lender's compliance with equal credit opportunity and fair housing laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender may neither discriminate on the basis of this information, nor on whether you choose to furnish it or not. However, if you choose not to furnish it, under federal regulations this lender is required to note race and sex on the basis of visual observation or surname. If you do not wish to furnish the information below, please check the box below. (Lender must review the above material to assure that the disclosures satisfy all requirements to which the lender is subject under applicable state law for the loan applied for.)

| Applicant  | Co-Applicant   |
|--|--|
| <div><input type="checkbox"/> I do not wish to furnish this information</div> <div><b>race/national origin:</b><br/>American Indian or Alaskan Native<br/>Native Hawaiian or Other Pacific Islander<br/>Black/African American<br/>Caucasian<br/>Asian<br/>American Indian or Alaskan Native AND Caucasian<br/>Asian AND Caucasian<br/>Black/African American AND Caucasian<br/>American Indian or Alaskan Native AND Black/African American<br/>Other (specify)</div> <div><b>ethnicity:</b><br/><div>HispanicNon-Hispanic</div></div> <div><b>sex:</b><br/><div>FemaleMale</div></div> <div><b>birthdate:</b> ____ / ____ / ____</div> <div><b>marital status:</b><br/>Married<br/>Separated<br/>Unmarried (Incl. single, divorced, widowed)</div> | <div><input type="checkbox"/> I do not wish to furnish this information</div> <div><b>race/national origin:</b><br/>American Indian or Alaskan Native<br/>Native Hawaiian or Other Pacific Islander<br/>Black/African American<br/>Caucasian<br/>Asian<br/>American Indian or Alaskan Native AND Caucasian<br/>Asian AND Caucasian<br/>Black/African American AND Caucasian<br/>American Indian or Alaskan Native AND Black/African American<br/>Other (specify)</div> <div><b>ethnicity:</b><br/><div>HispanicNon-Hispanic</div></div> <div><b>sex:</b><br/><div>FemaleMale</div></div> <div><b>birthdate:</b> ____ / ____ / ____</div> <div><b>marital status:</b><br/>Married<br/>Separated<br/>Unmarried (Incl. single, divorced, widowed)</div> |

| To be completed ONLY by the person conducting the interview  |                                    |
|--|------------------------------------|
| This application was taken by:<br><br><input type="checkbox"/> Face-to-face Interview<br><br><input type="checkbox"/> By Mail<br><br><input type="checkbox"/> By Telephone | Interviewer's Name (print or type) |
|  | Interviewer's SignatureDate        |
|  | Interviewer's Phone Number         |



### Permission for Electronic Communication

Dear \_\_\_\_\_,

We are pleased you have made it this far in the home owner selection process. It is often quicker to communicate electronically compared to paper copies through the mail. Please review this document and provide your consent.

**1. Scope of Communications to be provided in electronic form.** Habitat for Humanity will continue to meet you in person and use paper copies for all contracts and legally binding agreements. The purpose for electronic communication will be restricted to scheduling appointments, confirming appointments, and planning and organizing dedication events including but not limited to invitation lists, programs, schedules, and deadlines. If at any time it is deemed better for communications sake to discuss these things in person an appointment will be made to meet in person.

**2. Method of communications in electronic form.** By providing your consent you are granting us permission to contact you via email and texts to your personal device.

**3. How to withdraw your consent.** You may withdraw your consent to receive communications in electronic form by contacting us at our office. At our option, we may treat your provision of an invalid email address, or the subsequent malfunction of a previously valid email address, as a withdrawal of your consent to receive electronic communications. We will not impose any fee to process the withdrawal of your consent to receive electronic communications. Any withdrawal of your consent to receive electronic communications will be effective only after we have a reasonable period of time to process your withdrawal.

**4. Consent.** By signing this document, you agree that you have read, understand, and agree to the Permission for Electronic Communication Form. You hereby give your affirmative consent to provide electronic communications to you as described herein. You further agree that you have provided us with a current e-mail address at which we may send electronic communications to you.

**[please complete and sign reverse side of this document]**

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

Applicant Email Address: \_\_\_\_\_

Phone number for personal device (if applicable): \_\_\_\_\_

Applicant Name (Print): \_\_\_\_\_

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

# BACKGROUND CHECK AUTHORIZATION

## PERSONAL INFORMATION

Family Name: \_\_\_\_\_ Given Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Current Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Permanent Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Indicate Maiden Name (For Married): \_\_\_\_\_

Gender: \_\_\_\_\_ Civil Status: \_\_\_\_\_ Age: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_ Place Of Birth: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Driver's License No.: \_\_\_\_\_

## MISC INFORMATION

Have you been arrested or convicted of any administrative or criminal offense in any court of law?

☐ YES ☐ NO

If YES, please indicate reason(s) on the blank provided.

I hereby authorize Habitat for Humanity of Marion County, Inc. to use this information for the investigation of my background including my conduct and other pertinent information deemed necessary for my employment. I also hereby authorize other concerned entities or agencies to disclose any verbal or written information to the investigator that is imperative to the inquiry in accordance with the law.

I swear that all details provided herein are true and correct based on my knowledge.

**SIGNED:**

---

PRINT NAME: \_\_\_\_\_

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

**SIGNED:**

---

PRINT NAME: \_\_\_\_\_

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

## UNDER \$5,000 ASSET CERTIFICATION

(02/19)

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 accessible)

| Source of Income                                | Cash Value*<br>(A) | Interest Rate<br>(B) | Annual Income<br>(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):                                   | \$                 |                      | \$                       |
| <b>Total Gross Annual Income</b>                |                    |                      | \$                       |

\*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 |

This document can only be used for Low Income Housing Tax Credit and Housing Incentive Fund tenant files. Housing Trust Fund, Neighborhood Stabilization, and other HUD programs must follow the HUD Part 5 under \$5,000 asset rules, which require actual income calculations.

## CHILD SUPPORT SELF AFFIDAVIT

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

|                   |  |               |  |         |  |
|-------------------|--|---------------|--|---------|--|
| Project Name:     |  | IFA Project # |  | Date:   |  |
| Applicant/Tenant: |  | SSN:          |  | Apt. #: |  |

### TO BE COMPLETED BY APPLICANT / TENANT

- ☐ I certify that I have been legally awarded child support in the amount of \$ \_\_\_\_  
☐ Weekly ☐ Monthly ☐ Annually. (Provide copy of legal document)
- ☐ I certify that I receive the following amount for child support:  
Child Support \$ \_\_\_\_ ☐ Weekly ☐ Monthly ☐ Annually
- ☐ I certify that I have not been legally awarded child support and that I do not expect to receive payments within the next 12 months.
- ☐ I certify that I do not receive payments of the legally awarded child support at this time and I do not expect to receive payments in the next 12 months. I have made reasonable attempts to collect. (Failure to list attempts made to collect requires the full amount awarded to be included as income.)

|                           |  |
|---------------------------|--|
| Case Number:              |  |
| List Covered Dependents:  |  |
| List attempts to collect: |  |

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

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date

\_\_\_\_\_  
City/State/Zip Code

\_\_\_\_\_  
Telephone Number

Subscribed and sworn to me this \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_

(SEAL/STAMP)

\_\_\_\_\_  
Notary Public

**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.



## **FULL-TIME STUDENT VERIFICATION**

I, \_\_\_\_\_(print name), certify that I am a full time student:

Please fill out the following information:

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

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

Years Remaining to Complete Degree or Program: \_\_\_\_\_

---

Signature

Date

## ZERO INCOME SELF AFFIDAVIT

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

|                   |  |               |  |         |  |
|-------------------|--|---------------|--|---------|--|
| Project Name:     |  | IFA Project # |  | Date:   |  |
| Applicant/Tenant: |  | SSN:          |  | Apt. #: |  |

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.    ☐ Yes    ☐ No

|   |
|---|
| I will be using the following sources of funds to pay for rent and other necessities: |
|   |
|   |

3. I will be actively looking for employment, although I have no source of employment at this time.  
☐ Yes    ☐ No

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

Subscribed and sworn to me this \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_\_

(SEAL)

\_\_\_\_\_  
Notary Public

**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.

**USDA Rural Development**  
**VIOLENCE AGAINST WOMEN REAUTHORIZATION ACT OF 2013 (VAWA) SUGGESTED FORMAT OF**  
**CERTIFICATION OF VICTIM OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, OR**  
**STALKING**

**NOTICE TO TENANT OR APPLICANT:** If you are or have been a victim of domestic violence, dating violence, sexual assault or stalking, you will be asked to provide the information below by the owner/manager or the Rural Development (RD) Multi-Family Housing (MFH) Program Director in your State (State MFH Program Director). The information in Part I below may be provided by you or by someone on your behalf, and given to the owner/manager or the State MFH Program Director for use in determining eligibility for protections under VAWA. The Certification and Signature in Part II, and the Confidentiality Statement in Part III are mandatory statements that must be included with your application.

**Purpose of The Form of Certification:** VAWA provides protections for applicants and tenants who are or have been victims of domestic violence, dating violence, sexual assault, or stalking. VAWA protects applicants and tenants from being evicted, denied housing assistance, or terminated from housing assistance, based on acts of domestic violence dating violence, sexual assault or stalking, committed against them.

If you are an applicant or tenant and a victim of domestic violence, the information requested below is one type of documentation that you may be asked to complete by the “responsible entity,” as indicated on the Notice of Occupancy Rights distributed to you.

**Use of This Form of Certification Is Optional:** Instead of this form, upon the written request by the owner/manager or the RD State MFH Program Director, the tenant or applicant may be asked to submit the alternate documentation below:

- (1) A document signed by an employee, agent, or volunteer of a victim service provider, an attorney, or medical professional, or a mental health professional (collectively, “professional”) from whom the victim has sought assistance relating to domestic violence, dating violence, sexual assault or stalking, or the effects of abuse;
- (2) A document signed by the applicant or tenant who states under penalty of perjury that the professional believes in the occurrence of the incident of domestic violence, dating violence, sexual assault, or stalking that is the ground for protection and remedies under VAWA;
- (3) A record of a Federal, State, tribal, territorial or local law enforcement agency, court, or administrative agency; or
- (4) At the discretion of the owner/manager or RD MFH Program Director, a statement or other evidence provided by the applicant or tenant.

**Time Period For Submission of Documentation:** The time period to submit documentation is 14 business days from the date that the owner/manager or RD State MFH Program Director submits a written request to the tenant or applicant to provide documentation of the occurrence of domestic violence, dating violence, sexual assault, or stalking. The time period to submit the documentation may be extended, if the tenant or applicant requests an extension of the time period. If the requested information is not received by the 14th business day or any extension of the date provided, none of the VAWA protections have to be provided to the tenant or applicant. Distribution or issuance of this form does not serve as a written request for certification.

**Part I – Required Information:**

1. Date of applicant's receipt of written request for documentation
2. Name of victim
3. Name of person completing this form (if different from victim)
4. Name of other family members and lawful tenants listed on the lease
5. Address of victim
6. Name of accused perpetrator (if known and can be disclosed)
7. Relationship of the accused perpetrator to the victim
8. Date(s) of incident(s)
9. Time(s) of incidents(s)
10. Location of incident(s)
11. Description of incident(s) in your own words (attach as many sheets as needed)

**Part II – Mandatory Statement of Certification and Signature:** This is to certify that the information provided on this form is true and correct and that the individual named above in Item 2 is or has been a victim of domestic violence, dating violence, sexual assault, or stalking. I acknowledge that submission of false information could jeopardize program eligibility and could be the basis for denial of admission, termination of assistance, or eviction.

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Signature

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Date

**Part III – Mandatory Statement of Confidentiality:**

All information provided to the owner/manager or other responsible entity concerning the incident(s) of domestic violence, dating violence, sexual assault, or stalking shall be kept confidential and such details shall not be entered into any shared database. Employees of the owner/manager or other responsible entity are not to have access to these details unless to provide or deny VAWA protections to the applicant or tenant, and such employees may not disclose this information to any other entity or individual, except to the extent that disclosure is: (i) consented to by the victim in writing; (ii) required for use in an eviction proceeding or hearing regarding termination of assistance; or (iii) otherwise required by applicable law.

☐

I do not choose to disclose this information at this time

☐

I have not been a victim of domestic violence, dating violence, sexual assault, or stalking

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Signature

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Date