



2000 Green Gables Circle, Wentzville, MO 63385  
Phone: (636) 327-7755  
manager@greengableseniorliving.com • www.greengableseniorliving.com

**Thank you for your interest in Green Gables Senior Living in Wentzville, MO!**

We look forward to receiving your completed application. Please answer all questions completely and ensure to fill out all pages of the application. Any application received incomplete will be returned to the applicant and will not be added to the waitlist or processed until the completed application is returned.

For an application to be considered complete it must include copies of the paperwork listed below. Along with your application paperwork, we will run a credit report inquiry, verify your income, and check for any criminal history, along with previous rental history. **We do not run credit reports or verify anything until a unit is available.**

Placement on a waitlist does not mean your application is approved. Screening for approval will take place as a unit becomes available. Completed applications may be submitted via mail, email, or fax. If the application is emailed or faxed, the original forms must also be received at the address listed below. Please note applications cannot contain white out and must be completed using an ink pen. If you need to make a correction, please cross out the error and initial next to it.

**SUPPORTING DOCUMENTATION TO SUBMIT WITH YOUR COMPLETED APPLICATION**

To be considered complete, your application must include copies of the following applicable paperwork:

**Identification**

- Valid driver's license or Government Issued ID for all adult household members
- Birth certificate for all household members under the age of 18
- Social Security Cards for all household members

**Income Verification**

- Most recent 8 weeks of paystubs
- Social Security Award Letter (all pages of award letter)
- Current Statement of Retirement or Pension Plan (must show gross income)
- Child Support/Alimony Affidavit
- Any additional sources of income that is not listed above

**Asset Verification**

- If assets are under \$50,000, please complete the '\$50,000 and Under Asset Certification' document.
- If assets are more than \$50,000, please provide the applicable documents:
  - o 1 month of recent checking account statements
  - o 1 month of your current savings account statement
  - o Most recent mortgage statement and tax appraisal of any real estate you own

**PLEASE RETURN YOUR COMPLETED APPLICATION TO:**

Green Gables Senior Living  
2000 Green Gables Circle  
Wentzville, MO 63385  
Fax: (636)-327-7760 | Email: manager@greengableseniorliving.com

“This institution is an equal opportunity provider and employer.”





# Housing Credit Program Application Questionnaire

**Return Application to:** Green Gables Senior Living  
2000 Green Gables Cir, Wentzville, MO 63385  
Phone: (636) 327-7755 | Email: manager@greengablescondos.com

Please ensure that every question is answered. If a question is not applicable, indicate 'N/A' or '----' on the line. Failure to complete any items or to obtain the signatures of all adult household members will result in the return of the application. Note that this application consists of multiple pages, and each household member must complete, sign, and date the general authorization for the release of information form.

## HOUSEHOLD INFORMATION

List all household members that are applying to live in this apartment.

Name First, Middle initial, Last	Relationship to Head of Household	M/F	Social Security Number	Birth date Month/Day/Year

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

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

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

- YES  NO
- Do you expect any additions to the household within the next twelve months?  
Name and Relationship: \_\_\_\_\_  
Explanation: \_\_\_\_\_
  - Is there anyone living with you now who won't be living with you at this property?  
Name and Relationship: \_\_\_\_\_  
Explanation: \_\_\_\_\_
  - Do you have full custody of your child(ren):  
Explanation: \_\_\_\_\_
  - Are there any absent household members who under normal conditions would live with you? (For example, a household member away in the military.)  
Explanation: \_\_\_\_\_
  - Does your household have or anticipate having any animals other than those used as service animals:  
Explanation: \_\_\_\_\_
  - Have you or anyone else named on this application filed for bankruptcy?  
Explanation: \_\_\_\_\_

YES NO

7. Have you or anyone named on this application been convicted of a felony?  
Explanation: \_\_\_\_\_

8. Have you or anyone else named on this application been convicted of dealing, use of or manufacturing illegal drugs?  
Explanation: \_\_\_\_\_

**RENTAL HISTORY**

9. Have you or anyone else named on this application been convicted of property damage?  
Explanation: \_\_\_\_\_

10. Have you or anyone else named on this application been evicted from a rental unit of any type? (Including an apartment, home, mobile home or trailer.)  
Explanation: \_\_\_\_\_

**HOUSING REFERENCES**

List the past **THREE** years of housing references starting with the most recent. (If additional space is required, use the back of this page.)

	<b><u>Landlord's Name &amp; Address</u></b>	<b><u>Your Address</u></b>	<b><u>Own/Rent</u></b> <small>(Circle one)</small>	<b><u>Dates</u></b>
<b>Name:</b>	_____	_____	<b>Own</b>	<b>From:</b>
<b>Address:</b>	_____	_____	<b>Rent</b>	<b>To:</b>
<b>Phone:</b>	( ) _____	( ) _____		_____
<b>Name:</b>	_____	_____	<b>Own</b>	<b>From:</b>
<b>Address:</b>	_____	_____	<b>Rent</b>	<b>To:</b>
<b>Phone:</b>	( ) _____	( ) _____		_____
<b>Name:</b>	_____	_____	<b>Own</b>	<b>From:</b>
<b>Address:</b>	_____	_____	<b>Rent</b>	<b>To:</b>
<b>Phone:</b>	( ) _____	( ) _____		_____

**PROFESSIONAL REFERENCES**

List a professional reference other than a relative or friend. (Example: business, educational, medical, clergy)

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

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

Phone:( ) \_\_\_\_\_ Relationship: \_\_\_\_\_ Years Known: \_\_\_\_\_

**VEHICLE IDENTIFICATION**

List vehicle information for all vehicles that are owned or operated by any household member.

	<u>Tag/License Plate #</u>	<u>State Issued</u>	<u>Make/Model/Year</u>
Vehicle #1:	_____	_____	_____
Vehicle #2:	_____	_____	_____

**EMERGENCY CONTACT**

List someone in the area that is not already on the application.

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

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

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_ Years Known: \_\_\_\_\_

**INCOME INFORMATION**

Income is counted for anyone 18 or older (unless legally emancipated). However, if the income is unearned income such as a grant or benefit, it is counted for all household members including minors.

**Include all income anticipated for the next 12 months.**

**Do YOU or ANYONE in your household receive OR expect to receive income from:**

YES	NO			
<input type="checkbox"/>	<input type="checkbox"/>	11. Employment wages or salaries? (Include overtime, tips, bonuses, commissions and payments received in cash.)		
		<u>Household Member</u>	<u>Name of Company/Address/Phone</u>	<u>per month</u>
		_____	_____	_____
		_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	12. Self-employment? (Include overtime, tips bonuses, commissions and payments received in cash.) Attach copy of Federal Income Tax return and Schedule C for the past 2 years.		
		<u>Household Member</u>	<u>Type of Business/Phone</u>	<u>per month</u>
		_____	_____	_____
		_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	13. Regular pay as a member of the Armed Forces?		
		<u>Household Member</u>	<u>Base Name &amp; Branch/Phone</u>	<u>per month</u>
		_____	_____	_____
		_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	14. Unemployment benefits or workman’s compensation?		
		<u>Household Member</u>	<u>Type of Business/Phone</u>	<u>per month</u>
		_____	_____	_____
		_____	_____	_____

YES  NO

15. Public Assistance, General Relief or Aid to Families with Dependent Children (AFDC)?

<u>Household Member</u>	<u>Contact Person/Address/Phone</u>	<u>per month</u>
_____	_____	_____
_____	_____	_____

16. (a) Child Support or Alimony? (We must count court-ordered support whether or not it is received unless legal action has been taken to remedy. We must also count support that is not court-ordered rather received directly from payer.)

<u>Household Member</u>	<u>Payer/Address/Phone</u>	<u>per month</u>
_____	_____	_____
_____	_____	_____

(b) How is the support received? (Check all that apply)

Child Support Enforcement Agency	Name of Agency: _____
Court of Law	Name of Court: _____
Directly from Individual	Name of Person: _____
Other	Explain: _____

(c) If money is not actually received, are you taking legal action to remedy? (if yes, obtain court papers) Explanation: \_\_\_\_\_

17. Social Security, SSI or any other payments from the Social Security Administration? Attach monthly benefit letter.

<u>Household Member</u>	<u>SS Office/Address</u>	<u>per month</u>
_____	_____	_____
_____	_____	_____

18. Regular payments from a Veteran's benefit, pension, retirement benefit or annuities?

<u>Household Member</u>	<u>Source of Benefit/Address/Phone</u>	<u>per month</u>
_____	_____	_____
_____	_____	_____

19. Regular payments from a severance package?

<u>Household Member</u>	<u>Source of Benefit/Address/Phone</u>	<u>per month</u>
_____	_____	_____
_____	_____	_____

20. Regular Payments from any type of settlement? (for example, insurance settlements)

<u>Household Member</u>	<u>Source of Benefit/Address/Phone</u>	<u>per month</u>
_____	_____	_____
_____	_____	_____

21. Regular gifts or payments from anyone outside the household? (This includes anyone supplementing your income or paying any of your bills.) Attach a letter from that person stating what their monthly contribution to you is.

<u>Household Member</u>	<u>Source of Benefit/Address/Phone</u>	<u>per month</u>
_____	_____	_____
_____	_____	_____

- YES  NO
22. Educational grants, scholarships, or other student benefits?
- | <u>Household Member</u> | <u>Source of Benefit/Address/Phone</u> | <u>per month</u> |
|-------------------------|----------------------------------------|------------------|
| _____                   | _____                                  | _____            |
| _____                   | _____                                  | _____            |
23. Regular payments from lottery winnings or inheritances?
- | <u>Household Member</u> | <u>Source of Benefit/Address/Phone</u> | <u>per month</u> |
|-------------------------|----------------------------------------|------------------|
| _____                   | _____                                  | _____            |
| _____                   | _____                                  | _____            |
24. Any other income sources or types not listed?
- | <u>Household Member</u> | <u>Source of Benefit/Address/Phone</u> | <u>per month</u> |
|-------------------------|----------------------------------------|------------------|
| _____                   | _____                                  | _____            |
| _____                   | _____                                  | _____            |
25. Do you or any other household members expect any changes to your income in the next 12 months? Explanation: \_\_\_\_\_
- \_\_\_\_\_

**ASSET INFORMATION**

INCLUDE ALL ASSETS HELD BY ALL HOUSEHOLD MEMBERS INCLUDING MINORS.

(The listed types of accounts are considered assets.)

Do YOU or ANYONE in your household have any of the following accounts?

- YES  NO
26. Checking or savings account?
- | <u>Household Member</u> | <u>Name of Bank/Phone</u> | <u>Current Amount in Account</u> | <u>Interest Rate %</u> |
|-------------------------|---------------------------|----------------------------------|------------------------|
| _____                   | _____                     | _____                            | _____                  |
| _____                   | _____                     | _____                            | _____                  |
27. CD's, money market accounts or treasury bills?
- | <u>Household Member</u> | <u>Name of Bank/Phone</u> | <u>Current Amount in Account</u> | <u>Interest Rate %</u> |
|-------------------------|---------------------------|----------------------------------|------------------------|
| _____                   | _____                     | _____                            | _____                  |
| _____                   | _____                     | _____                            | _____                  |
28. Stocks, bonds, securities, 401(k) or Whole Life Insurance?
- | <u>Household Member</u> | <u>Source of Benefit/Address/Phone</u> | <u>Value</u> |
|-------------------------|----------------------------------------|--------------|
| _____                   | _____                                  | _____        |
| _____                   | _____                                  | _____        |
29. Trust Funds?
- | <u>Household Member</u> | <u>Source of Benefit/Address/Phone</u> | <u>per month</u> |
|-------------------------|----------------------------------------|------------------|
| _____                   | _____                                  | _____            |
| _____                   | _____                                  | _____            |

YES  NO

30. Pensions, IRAs, Keogh or other retirement accounts?

<u>Household Member</u>	<u>Source of Benefit/Address/Phone</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

31. Cash on hand over \$500? (money not listed in any of the above categories)

<u>Household Member</u>	<u>Source of Benefit/Address/Phone</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

32. Real Estate: (For all categories that apply to you attach current statement from the County Tax Assessors office which shows the fair market value. Also attach current statement from your mortgage company showing the balance you owe on the property, or showing it is paid off.) If you have sold your property within the last two years, enclose a copy of the bill of sale. Indicate which categories apply to you:

Real estate you are living in \_\_\_\_\_, Rental Property \_\_\_\_\_,  
 monthly rent you receive \$ \_\_\_\_\_, Property sold within 2 years \_\_\_\_\_,  
 Land Contracts \_\_\_\_\_, contract for deeds \_\_\_\_\_, other \_\_\_\_\_

33. Personal property held as an investment?

<u>Household Member</u>	<u>Source of Benefit/Address/Phone</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

34. A safe deposit box?

<u>Household Member</u>	<u>Source of Benefit/Address/Phone</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

35. Have you or any other household members disposed of or given away any asset(s) for LESS than fair market value within the past 2 years?

<u>Household Member</u>	<u>Amount</u>	<u>Explanation</u>
_____	_____	_____
_____	_____	_____

**APPLICANT STATUS**

The following questions pertain to specific eligibility requirements of the Housing Credit Program.

YES  NO

36. Are you or any other ADULT household members claiming zero income?

<u>Household Member</u>	<u>Explanation</u>
_____	_____
_____	_____

- YES  NO
37. Are you or any other household members (INCLUDING MINORS) currently a full-time student or expect to be in the next 12 months? Household member(s): \_\_\_\_\_  
\_\_\_\_\_
38. Will you or any ADULT household member require a live-in care attendant to live independently?  
Name of Attendant: \_\_\_\_\_  
Relationship (if any): \_\_\_\_\_
39. Will your household be receiving section 8 rental assistance at time of move-in?  
Name of Agency: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Do you currently have a Section 8 Voucher? \_\_\_\_\_ With what county? \_\_\_\_\_
40. Will your household be eligible or are you applying to receive Section 8 rental assistance in the next 12 months?  
Expected Date: \_\_\_\_\_  
Name of Agency: \_\_\_\_\_  
Contact Person: \_\_\_\_\_

**SIGNATURE CLAUSE**

I understand that management is relying on this information to prove my household's eligibility for the Housing Credit Program. I certify that all information and answers to the above questions are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may result in criminal penalties. I authorize my consent to have management verify the information contained to this application for purposes of proving my eligibility for occupancy. I will provide all necessary information including source names, addresses, phone numbers, and account numbers where applicable and any other information required for expediting this process. I understand that my occupancy is contingent on meeting management's resident selection criteria and Housing Credit Program requirements.

All ADULT household members must sign below:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**FAMILY HOUSEHOLD COMPOSITION:**

"The information solicited on this application is requested by the apartment owner in order to assure the Federal Government that Federal Laws prohibiting discrimination against tenant/applicants on the basis of race, color, national origin, religion, sex, familial status, age and handicap are complied with. You are not required to furnish this information but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race/national origin and sex on the individual applicant on the basis of visual observation or surname."

Race  
 \_\_\_\_\_ White  
 \_\_\_\_\_ Asian  
 \_\_\_\_\_ Black or African American  
 \_\_\_\_\_ American Indian/Alaskan Native  
 \_\_\_\_\_ Native Hawaiian or Other Pacific Island  
 \_\_\_\_\_ Other

Ethnicity  
 \_\_\_\_\_ Hispanic or Latino  
 \_\_\_\_\_ Not Hispanic or Latino

Marital Status  
 \_\_\_\_\_ Married  
 \_\_\_\_\_ Separated  
 \_\_\_\_\_ Unmarried

Sex  
 \_\_\_\_\_ Male  
 \_\_\_\_\_ Female





## **PROGRAM INFORMATION**

**Do you or any member of your household require any specific accommodations or accessibility features due to a disability or mobility impairment?** If yes, please provide any relevant details or specific needs in the space provided below.

Yes  No

---

---

**Do you have a pet or service animal? If yes, please provide details below, including the type of animal and any relevant documentation for service animals.**

Yes, I have a service animal.  Yes, I have a pet.  No, I do not have a service animal or a pet.

---

---

**What bedroom size are you most interested in?**  1-Bedroom  2-Bedroom

**If a different bedroom size became available sooner, would you be interested?**  Yes  No

**Are you able to comply with the no-smoking policy on the property?**  Yes  No

**How did you hear about this housing?** \_\_\_\_\_

### **TENANT INFORMATION**

NAME OF HEAD OF HOUSEHOLD: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

### **CO-APPLICANT**

NAME OF HEAD OF HOUSEHOLD: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

### **EMERGENCY CONTACT**

List someone in the area that is not already a household member.

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_



## VERIFICATION OF SOCIAL SECURITY NUMBERS

To comply with our application process, we're required to request verification of social security numbers for all household members. Please complete the following lines for each household member.

HEAD OF HOUSEHOLD NAME: \_\_\_\_\_

TENANT ADDRESS \_\_\_\_\_

NAME OF HOUSEHOLD MEMBER	DATE OF BIRTH	RACE*	SOCIAL SECURITY NUMBER
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____

\*Race (Optional) 1 = White, Non-Hispanic | 2 = Black, Non-Hispanic | 3 = Asian, Pacific Island | 4 = American Indian, Alaskan Native | 5 = Hispanic

Please ensure that all provided information is accurate and complete. If a household member does not have a social security number, please indicate so.

### ALL ADULT MEMBERS OF THE HOUSEHOLD MUST SIGN THIS FORM

I/We hereby verify that all the information provided in this application is true and correct to the best of my/our knowledge. I/We understand that providing false statements or information is a violation of the law and may result in the cancellation of this application or, if applicable, the termination of the tenancy after occupancy.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

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**RESIDENT RELEASE AND CONSENT**

I, the undersigned, hereby authorize all persons or companies in the categories listed below to release without liability, information regarding employment, income, student status, and/or assets to \_\_\_\_\_ for purposes of verifying information on my apartment rental application.

**INFORMATION COVERED**

I understand that previous or current information regarding me may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identity, student status, employment, income, assets, medical or childcare allowances. I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation as a Qualified Tenant.

**GROUPS OR INDIVIDUALS THAT MAY BE ASKED**

The groups or individuals that may be asked to release the above information include, but are not limited to:

- |                                                                |                                  |                                        |
|----------------------------------------------------------------|----------------------------------|----------------------------------------|
| Past and Present Employers                                     | Welfare Agencies                 | Veterans Administration                |
| Past and Present Landlords (including Public Housing Agencies) | State Unemployment Agencies      | Retirement Systems                     |
| Support and Alimony Providers                                  | Social Security Administration   | Banks and other Financial Institutions |
|                                                                | Medical and Child Care Providers | Educational Institutions               |

**CONDITIONS**

I 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 understand that I have a right to review this file and correct any information that is incorrect.

---

**SIGNATURE**

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

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
Date

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

**Exhibit D - \$50,000 and under Asset Certification**

**(LIHTC, HOME, NHTF, 811, and HOME-ARP)**

Form for initial move-ins and recertifications effective on or after January 1, 2024 (HOTMA)

**For households whose combined NET assets DO NOT exceed \$50,000.  
Complete one form per household; include assets from children of the household.**

Property Name: Green Gables Senior Living	Property Number: 09-910-TZ
Household Name:	Unit Number:

**This Section to be Completed by Applicant/Resident**

1. My/our assets include (enter n/a in (A) if you do not own the respective asset):							
Source	(A) Cash Value	(B) Int. Rate	(A x B) Annual Income	Source	(A) Cash Value	(B) Int. Rate	(A x B) Annual Income
Savings Account:	\$		\$	Checking Account:	\$		\$
Cash on hand:	\$		\$	Safety Deposit Box:	\$		\$
Certificates of Deposit:	\$		\$	Money Market funds:	\$		\$
Stocks:	\$		\$	Bonds:	\$		\$
Trust Funds:	\$		\$	Land Contracts:	\$		\$
Equity in Real Estate:	\$		\$	Capital Investments:	\$		\$
Lump Sum Receipts:	\$		\$		\$		\$
Peer to Peer (Internet-based accounts)	\$		\$	Pre-paid debit card (i.e. "Direct Debit Express Card")	\$		\$
Life Insurance Policies (Excluding Term):					\$		\$
Personal Property held as an investment (List):					\$		\$
Other (List):					\$		\$

**PLEASE NOTE: Certain Funds (e.g., Trust) may or may not be (fully) accessible to you. Include only those amounts which are accessible to you.**

Please select:

2. Within the past 2 years, I/We have sold or given away assets (including cash, real estate, etc.) for more than \$1,000. below the fair market value (FMV). Those amounts are included above and are equal to a total of: \$ \_\_\_\_\_, the difference between Fair Market Value (FMV) and the amount received, for each asset on which this occurred.

3. I/We have NOT sold or given away any assets (including cash, real estate, etc.) for less than Fair Market Value (FMV) during the past 2 years.

4. I/We DO NOT have any assets at this time.

The Net Family Assets (as defined in CFR 813.102) above do not exceed \$50,000 AND the Annual Income from the Net Family Assets is \$ \_\_\_\_\_. This amount is included in the total Gross Annual Income.

**Penalties For Misusing This Consent:** Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violations of these provisions are cited as violations of 42 USC. 408 (a) (6), (7) and (8).

Applicant/Resident Signature	Date	Applicant/Resident Signature	Date
Applicant/Resident Signature	Date	Applicant/Resident Signature	Date

If you or someone you know served in the U.S. Armed Forces, we encourage you to visit <http://veteranbenefits.mo.gov> or call (573) 751-3779 to learn about available resources.

## Exhibit M – LIHTC Certification of Student Eligibility

Property Information	
Property Name: Green Gables Senior Living	Property Number: 09-910-TZ
Applicant/Resident:	Unit Number:

### DEFINITION OF FULL-TIME STUDENT

A full-time student is defined as one who is, has or will be carrying a full-time subject load or attending an educational institution accredited with a degree or certificate program (including K-12 school age children) during any portion of five months within the current calendar year. Verification of “Full time” status must be verified by the educational institution. Please note a student includes those attending public or private elementary schools, middle or junior high schools, senior high schools, colleges, universities, technical, trade, online or mechanical schools, but does not include those attending on-the-job training courses.

**This section is to be completed by applicant/resident.**

To qualify under the Section 42 program rules, any low-income tax credit household that is made up of all Full time Students, the household must meet one of the five exemptions (Ref. Section 42(i)(3)(D) and HR3221).
Check one:
<input type="checkbox"/> 1. This household is NOT comprised ENTIRELY of full-time students as defined above.
<input type="checkbox"/> The qualifying household member is a verified part-time student.
<input type="checkbox"/> 2. This household is comprised of ALL full-time students, but the following exemption applies:
<b><u>ALL members of this household:</u></b>
<input type="checkbox"/> The entire household is composed of a Head of Household who is a single parent with dependent children; the parent is not a dependent and the dependent child(ren) are not listed as dependents (as defined in IRC Section 152) on any other third-party tax return, other than a parent of the dependent child(ren) in the household.
<input type="checkbox"/> The entire household is composed of individuals who are married that are eligible to file or file a joint tax return.
<b><u>ANY member of this household:</u></b>
<input type="checkbox"/> A member of this household is receiving assistance under Title IV of the Social Security Act (TANF).
<input type="checkbox"/> A member of this household is enrolled in a job-training program receiving assistance under the Job Training Partnership Act/1998 Workforce Investment Act or under other similar federal, state, or Local government agency funded programs.
<input type="checkbox"/> A student member of this household has previously received foster care and placement assistance by the State agency plan under Title IV, part B or E of the Social Security Act (HR3221; effective date 7/30/2008).

**NOTE:** Any student household exemption marked above must be verified and qualification documented in the property household file for review.

I understand that this Certification is made part of the qualification process to determine eligibility for residency. 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 information to be true, as of the date shown below.

Applicant / Resident Signature	Date
Applicant / Resident Signature	Date

**Penalties For Misusing This Consent:** Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violations of these provisions are cited as violations of 42 USC. 408 (a) (6), (7) and (8).

If you or someone you know served in the U.S. Armed Forces, we encourage you to visit <http://veteranbenefits.mo.gov> or call (573) 751-3779 to learn about available resources.



## Marital Status Certification

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

**Applicant/Tenant Name:** \_\_\_\_\_

My current marital status is:       Married       Single       Divorced       Widowed       Separated

**A. I am legally divorced and can provide a copy of my divorce decree (If Yes, please attach.)**       Yes       No  
If No, I can provide documentation to prove I was not awarded child support or alimony       Yes       No

**B. I am legally separated from my spouse and can provide a copy of my separation agreement**       Yes       No  
If No, reasons for not pursuing legal action:

---

If No, future plans for pursuing legal action:

---

I currently receive spousal support from my spouse       Yes       No  
If yes, I receive this amount: \_\_\_\_\_ Per       Week       month       Year

**C. There are assets currently held in both names**       Yes       No  
Please attach a list of all assets currently in both names (checking accounts, savings accounts, real estate, etc.)

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

---

Applicant/Tenant Signature

---

Date

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

**Exhibit Q - Non-Employment Affidavit**

Property Information	
Property Name:	Property Number:
Household Name:	Unit Number:

**This section must be completed by Adult Applicant / Resident**

I confirm that (check which applies):
<input type="checkbox"/> I am not currently employed in any capacity.
<input type="checkbox"/> I have no intention of becoming employed in the next 12 months.
<input type="checkbox"/> I do not currently receive unemployment compensation or other benefits as a result of my non-employment status.
<input type="checkbox"/> I have applied to receive unemployment compensation or other benefits.
<input type="checkbox"/> I do intend to become employed in the next 12 months.

**This information must be completed by the Applicant/Resident at the time of application/certification.**

My anticipated employment as a \_\_\_\_\_ has a start date of \_\_\_\_\_, 20\_\_\_\_  
and I anticipate earning \$ \_\_\_\_\_ per hour working \_\_\_\_\_ hours per week.

This information is supported by the following provided documentation.	
<input type="checkbox"/> Written confirmation from new employer	<input type="checkbox"/> Previous tax return
<input type="checkbox"/> Previous job paystub / salary history	<input type="checkbox"/> Other:

Under penalty of perjury, I certify that the information presented in this affidavit is true and accurate to the best of my knowledge. 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 a lease agreement.

Applicant/Resident Signature:	Date:
Printed Name of Applicant/Resident:	

**Penalties For Misusing This Consent:** Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violations of these provisions are cited as violations of 42 USC. 408 (a) (6), (7) and (8).

If you or someone you know served in the U.S. Armed Forces, we encourage you to visit <http://veteranbenefits.mo.gov> or call (573) 751-3779 to learn about available resources.

**Exhibit 3-7: Owner's Summary of Family**

Member No.	Last Name of Family Member	First Name of Family Member	Relationship to Head of Household	Sex	Date of Birth	Declaration	Date Verified
Head							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							

**Exhibit 3-5: \*\*Sample Citizenship Declaration \*\***

INSTRUCTIONS: Complete this Declaration for each member of the household listed on the Family Summary Sheet

LAST NAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_

RELATIONSHIP TO HEAD OF HOUSEHOLD \_\_\_\_\_ SEX \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

SOCIAL SECURITY NO. \_\_\_\_\_ ALIEN REGISTRATION NO. \_\_\_\_\_

ADMISSION NUMBER \_\_\_\_\_ if applicable (this is an 11-digit number found on DHS Form I-94, *Departure Record*)

NATIONALITY \_\_\_\_\_ (Enter the foreign nation or country to which you owe legal allegiance. This is normally but not always the country of birth.)

SAVE VERIFICATION NO. \_\_\_\_\_  
(to be entered by owner if and when received)

INSTRUCTIONS: Complete the Declaration below by printing or by typing the person's first name, middle initial, and last name in the space provided. Then review the blocks shown below and complete either block number 1, 2, or 3:

**DECLARATION**

I, \_\_\_\_\_ hereby declare, under penalty of perjury, that I am \_\_\_\_\_  
(print or type first name, middle initial, last name):

\_\_\_\_\_ 1. A citizen or national of the United States.

Sign and date below and return to the name and address specified in the attached notification letter. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

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

Check here if adult signed for a child: \_\_\_\_\_

- 
- \_\_\_\_\_ 2. A noncitizen with eligible immigration status as evidenced by one of the documents listed below:

**NOTE:** If you checked this block and you are 62 years of age or older, you need only submit a proof of age document together with this format, and sign below:

If you checked this block and you are less than 62 years of age, you should submit the following documents:

- a. Verification Consent Format (\*\*see Sample Verification Consent Form in Exhibit 3-6\*\*).

AND

- b. One of the following documents:

- (1) Form I-551, *Alien Registration Receipt Card* (for permanent resident aliens).
- (2) Form I-94, *Arrival-Departure Record*, with one of the following annotations:
  - (a) "Admitted as Refugee Pursuant to section 207";
  - (b) "Section 208" or "Asylum";
  - (c) "Section 243(h)" or "Deportation stayed by Attorney General"; or
  - (d) "Paroled Pursuant to Sec. 212(d)(5) of the INA."
- (3) If Form I-94, *Arrival-Departure Record*, is not annotated, it must be accompanied by one of the following documents:
  - (a) A final court decision granting asylum (but only if no appeal is taken);
  - (b) A letter from an DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (if application was filed before October 1, 1990);
  - (c) A court decision granting withholding or deportation; or
  - (d) A letter from an DHS asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).
- (4) Form I-688, *Temporary Resident Card*, which must be annotated "Section 245A" or "Section 210."
- (5) Form I-688B, *Employment Authorization Card*, which must be annotated "Provision of Law 274a.12(11)" or "Provision of Law 274a.12."

- (6) A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.
- (7) Form I-151 Alien Registration Receipt Card.

If this block is checked, sign and date below and submit the documentation required above with this declaration and a verification consent format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

If for any reason, the documents shown in subparagraph 2.b. above are not currently available, complete the Request for Extension block below.

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

Check here if adult signed for a child: \_\_\_\_\_

**REQUEST FOR EXTENSION**

I hereby certify that I am a noncitizen with eligible immigration status, as noted in block 2 above, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be undertaken to obtain this evidence.

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

Check if adult signed for a child: \_\_\_\_\_

\_\_\_\_\_ 3. I am not contending eligible immigration status and I understand that I am not eligible for financial assistance.

If you checked this block, no further information is required, and the person named above is not eligible for assistance. Sign and date below and forward this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who is responsible for the child should sign and date below.

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

Check here if adult signed for a child: \_\_\_\_\_



**Exhibit 3-6: \*\*Sample\*\* Verification Consent Form**

INSTRUCTIONS: Complete this format for each noncitizen family member who declared eligible immigration status on the **\*\*Citizenship\*\*** Declaration format. If this format is being completed on behalf of a child, it must be signed by the adult responsible for the child.

CONSENT

I, \_\_\_\_\_ hereby consent to the following:  
(print or type first name, middle initial, last name)

- 1, The use of the attached evidence to verify my eligible immigration status to enable me to receive financial assistance for housing; and
- 2, The release of such evidence of eligible immigration status by the project owner without responsibility for the further use or transmission of the evidence by the entity receiving it to the following:
  - a. HUD, as required by HUD; and
  - b. The DHS for purposes of verification of the immigration status of the individual.

NOTIFICATION TO FAMILY:

Evidence of eligible immigration status shall be released only to the DHS for purposes of establishing eligibility for financial assistance and not for any other purpose. HUD is not responsible for the further use or transmission of the evidence or other information by the DHS.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Check here if adult signed for a child: \_\_\_\_\_