



# **THE LOFTS AT OSAGE MILL**

***Congratulations on deciding to call The Lofts at Osage Mill home!  
Please provide the following documents for your application to be  
processed.***

- **Step One: Complete the Application.**

One application per household member over 18 years of age.

- **Step Two: Copies of birth certificates for each person in the household**

- Copies of Social Security cards for each person in the household
- Copies of school letters verifying enrolment for everyone attending an institution of higher learning over the age of 18
- Proof of custody if shared guardianship.

- **Step Three: Provide us with proof of income.**

- Most recent tax documents complete with W2 forms
- 6 consecutive paystubs (Weekly Employee)
- 4 consecutive paystubs (Bi-Weekly Employee)
- Proof of social security or pension benefits, if applicable
- Proof of applicable housing vouchers, if applicable

- **Step Four: Provide us with all applicable documentation of assets.**

- Bank information and account numbers
- 401k custodian and account numbers
- Retirement custodian and brokerage information
- Life insurance policy information

***Disclaimer: All Applications are subjected to credit, criminal and compliance eligibility screening & approval.***

# RENTAL APPLICATION

## Office Use Only:

Date Rec'd: \_\_\_\_\_ Time: \_\_\_\_\_ am/pm

By (initials): \_\_\_\_\_

Development Name: The Lofts at Osage Mill

Email: LoftsAtOsageMill@Winnco.com

Phone Number: 980-999-3509

Address: 115 E Alabama Avenue, Bessemer City, NC 28016

# of Bedrooms Desired: ☐ Eff ☐ 1 Br ☐ 2 Br ☐ 3 Br ☐ 4 Br ☐ 5 Br

Move In Date Requested \_\_\_\_\_

**The following is to be completed in its entirety by household members ages 18 and older.**  
Please answer ALL questions. Do not leave any blank spaces. Write NONE or N/A where appropriate. Please print.

## PART 1 – HEAD OF HOUSEHOLD DATA:

Head of Household Name:	Phone #:
Mailing Address:	
City/State/Zip:	Email:
Current Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	
Have you ever used another name? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate name:	

<input type="checkbox"/> Spouse <input type="checkbox"/> Co-Head <input type="checkbox"/> Other Adult	
Name:	Phone #:
Mailing Address:	
City/State/Zip:	Email:
Current Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	
Have you ever used another name? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate name:	

Directions to Member: Please complete the table below listing each member of the household, whether or not those members are related. Include all members who you anticipate will live with you at least 50% or more of the time during the next 12 months. (A full-time student is anyone who is enrolled for at least five calendar months for the number of hours or courses which are considered full-time attendance by that institution. The five months need not be consecutive).

## PART 2 – HOUSEHOLD COMPOSITION:

	HOUSEHOLD MEMBER NAME(S)	RELATIONSHIP TO HEAD	DATE OF BIRTH	FULL TIME STUDENT (Y/N)	INCOME (Y/N)	SSN NUMBER
1.		Head				
2.						
3.						
4.						
5.						
6.						
7.						

Anticipated changes in household size within the next 12 months? ☐ Yes ☐ No If Yes, explain: \_\_\_\_\_

Are there any absent household members who normally reside in the household? ☐ Yes ☐ No If Yes, explain: \_\_\_\_\_

Anticipated change in number of students within the next 12 months? ☐ Yes ☐ No If Yes, explain: \_\_\_\_\_



**PART 3 – HOUSEHOLD INFORMATION:**

RENTAL HISTORY (must show most recent 2-year rental history)			
Household Member Name:			
	Current Residence	Previous Residence	Previous Residence
Street Address:			
City, State, Zip:			
Select One:	<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other	<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other	<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other
If other, explain:			
Owner/Landlord Name:			
Owner/Landlord #			
Reason for Leaving			
Dates of Residency mm/yy	From: _____ To: _____	From: _____ To: _____	From: _____ To: _____

RENTAL HISTORY (must show most recent 2-year rental history)			
Household Member Name:			
	Current Residence	Previous Residence	Previous Residence
Street Address:			
City, State, Zip:			
Select One:	<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other	<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other	<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other
If other, explain:			
Owner/Landlord Name:			
Owner/Landlord #			
Reason for Leaving			
Dates of Residency mm/yy	From: _____ To: _____	From: _____ To: _____	From: _____ To: _____

Have you or any member(s) of the household ever had your lease terminated or been evicted? ☐ Yes ☐ No

Are you or any member(s) of your household receiving rental assistance (voucher, public housing, etc.) ☐ Yes ☐ No

Are you or any member(s) of your household currently fleeing from an abusive situation? ☐ Yes ☐ No

Are there any animals in the household? ☐ Yes ☐ No

Would you or any member(s) of the household benefit from the features of an accessible unit? ☐ Yes ☐ No

Do you or any member(s) of the household require any accommodations and/or modifications to the unit for any disability? ☐ Yes ☐ No

If yes to any question(s) above, please explain: \_\_\_\_\_

EMERGENCY CONTACT INFORMATION		
Name:		
Relationship:	Phone #:	Email:



**PART 4 – HOUSEHOLD ASSETS:**

Have you disposed of any assets for less than Fair Market Value within the last two years? ☐ Yes ☐ No

Do you or anyone in the household have any of the following assets? Please mark “yes” or “No” for each source of income.

	HEAD OF HOUSEHOLD		Co-HEAD		ADDITIONAL HOUSEHOLD MEMBERS	
Type of Asset	Check One	Cash Value	Check One	Cash Value	Check One	Cash Value
Cash on Hand	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Depository Debit Cards	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Checking Accounts	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Savings/Money Market Accounts	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Certificates of Deposits	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Stocks/Bonds	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Trust Funds (excluding irrevocable)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Real Estate/Land	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Mortgage or Deed of Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Cryptocurrency (Bitcoin, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Life Insurance (excluding Term)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
GoFundMe/Crowdsourcing	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Mobile Payment Services (Venmo, CashApp, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Personal Property (Held as an investment)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Other Investments	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
<b>Have you received any lump sum payments such as the following:</b>						
Inheritances	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Lottery or other Winnings	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Insurance Settlements	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Workers' Compensation Settlements	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Social Security Disability Settlements	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Unemployment Compensation Settlements	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
VA Disability Settlements	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Severance Pay	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Capital Gains	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$

**ASSET DETAILS** (detail ALL assets for ALL household members marked yes above)

HOUSEHOLD MEMBER NAME	TYPE OF ASSET	BANK/FINANCIAL INSTITUTION NAME	# OF ACCOUNTS

**PART 5 – SOURCES OF INCOME:**

Is income received from any of the following sources? Please mark “yes” or “No” for each source of income.

	HEAD OF HOUSEHOLD		Co-HEAD		ADDITIONAL HOUSEHOLD MEMBERS	
Type of Income	Check One	Monthly \$	Check One	Monthly \$	Check One	Monthly \$
Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Self-Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Gig Income (Ride Share, Food Delivery, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Regularly Recurring gifts	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Social Security	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
SSI (Supplemental Security Income)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Retirement Income	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Pensions	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Disability or Death Benefits (not SSI)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
TANF or other Public Assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Alimony	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Child Support	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Unemployment Compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Workers' Compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Income from Rental Property	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Military Pay, including all allowances	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Severance Pay	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Annuities Income	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Insurance Policies Income	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Scholarships/Grants/Work Study	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Long Term Care Payments	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Income from Training Programs	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
List Other Income:	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$

**INCOME DETAILS** (detail ALL income for ALL household members marked yes above)

HOUSEHOLD MEMBER NAME	TYPE OF INCOME	COMPANY/PROVIDER NAME	CONTACT INFO

**PART 6– SIGNATURES:**

Must be signed and dated by all members of the household age 18 & older:

I/we understand that the above information is being collected to determine eligibility for residence.

I/we certify that all assets currently held or previously disposed of and all income sources have been listed on this application.  
I/we further certify that the statements made in this application are true and complete to the best of my/our knowledge and belief and are aware that false statements are punishable under Federal law.

I/we authorize the owner/manager to verify information provided on this application and the signature(s) below are the consent to obtain such verification.

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





Property Name: The Lofts at Osage Mills  
Applicant Name: \_\_\_\_\_  
Unit #: \_\_\_\_\_

### Interview Guidelines

Each adult household member must review the Interview Guidelines with their management representative.

Section I Interview Information		
Applicant /Resident Initials	Agent Initials	Please initial each section to show that management has explained and the applicant understands this information.
		A person with a disability has the right to request a reasonable accommodation to assist with the interview process. Assistance can be provided for any language or literacy barriers.
		The applicant/resident has provided an acceptable form of legal identification that has been reviewed by management.
		This application is for an apartment that falls under one or more affordable housing programs that are governed by: Department of Housing and Urban Development (HUD), the Department of Treasury/Internal Revenue Service (IRS), a state or local government agency, or the Department of Agriculture.
		Part of completing this application or recertification is participating in an interview where the applicant/resident will answer questions and provide information about their situation. These questions will apply to everyone who will be living in the household. Many of these questions are personal and confidential in nature. All applicants/residents are required to provide the same types of information and answer the same types of questions.
		Each household member who is 18 years of age or older must complete a Rental Application or Recertification Application, interview, Interview Questionnaire, and any additional documents required by the property and/or programs governing the property.
		Information must be provided for the entire household. Children who are 17 years of age or younger are only required to complete an interview if they are a spouse or an emancipated minor. During the interview the Head of Household must provide information for themselves and all minor children.
		Management is required to verify information provided by the applicant/resident and the applicant/resident agrees to sign verification forms and provide verification documents as needed.
		The information and documents the applicant/resident provides will only be used to determine eligibility for the apartment, property, and affordable housing programs and to determine the correct rent amount. These documents will be safeguarded by management and made available during audits required under the affordable housing programs.
		It is important that the information provided by the applicant/resident is complete and accurate. Misrepresentation of information will lead to the cancellation/rejection of the application or the termination of residency or subsidy. It is also possible that making false statements or providing false documents could lead to criminal and/or civil penalties.
		WinnResidential employees will not discriminate on the basis of race, color, religion, national or ethnic origin, gender, familial status, disability or handicap, or other classes protected by local, state or federal law.



### Household Composition Interview Questionnaire

The Head of Household must complete a Household Composition Interview Questionnaire for the entire household.

1	The Head of Household is determined by the applicants/residents. The following person has been selected to be the Head of Household: _____		
---	--	--	--

Section II				Household Composition Information	
Yes	No	N/A	Answer Yes or No to each of the following questions for the <u>entire</u> household:		
2				Do you expect any additions to the household within the next twelve months? If yes: Name: _____ Relationship: _____	
3				Is any household member a foster child or foster adult? If yes, list name: _____	
4				Is any household member temporarily or permanently absent? If yes, list name: _____	
5				Do you, or another adult in the household, have <u>at least 50% custody</u> of each child in the household? If no, explain: _____	

Site must review the household documents related to custody.

I.e. birth certificates or guardianship documents (formal or informal).

6				<b>Move-In Only:</b> Required at properties with resident paid utilities: Can you establish utility accounts for this apartment in the name of the head of household, co-head of household, or spouse? If no, please explain: _____	
7				Required at properties with HOME funding: Are you or any member of your immediate family, including those by blood, marriage or adoption, the spouse, parent (including a stepparent), child (including stepchild), brother, sister (including a stepbrother or stepsister), grandparent, grandchild, or in-laws, an officer, employee, agent, elected or appointed official, or consultant of the owner, developer, or sponsor of this property? If yes, list individual and relationship: _____	
8				Does your household have a [ ] Housing Choice Voucher, [ ] other rental assistance from the local housing authority, or [ ] other rental assistance program? If yes, list the source of assistance: _____	

I certify that all questions on this interview checklist have been asked of me at my personal interview with management. I have understood and answered all questions. I have reviewed my answers on this checklist with

\_\_\_\_\_  
Head of Household Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Management Signature

\_\_\_\_\_  
Date





### Income Interview Questionnaire

Each adult household member must complete an Income Interview Questionnaire.

#### Section III: Income Information

Report all income for adult and minor household members. Exclude income for foster children or foster adults beginning 1/1/2024. Answer YES or NO to **each question**. Complete additional questions for each row answered YES. List gross amounts currently received or anticipated to be received in the next 12 month.

Yes	No	Employment Information:		
		Employer Name:	Phone #:	Hire Date:
		<u>Select Hourly or Salaried:</u> <input type="checkbox"/> Hourly      Hourly Rate: \$ _____ Average Weekly Hours: _____ <input type="checkbox"/> Salaried      Pay Rate: \$ _____ Frequency _____		<u>Other Employment Income:</u> Shift Differentials: <input type="checkbox"/> Yes <input type="checkbox"/> No Tips: <input type="checkbox"/> Yes <input type="checkbox"/> No Commissions: <input type="checkbox"/> Yes <input type="checkbox"/> No Other Pay: <input type="checkbox"/> Yes <input type="checkbox"/> No <u>Bonuses:</u> Annual <input type="checkbox"/> Yes <input type="checkbox"/> No Scheduled <input type="checkbox"/> Yes <input type="checkbox"/> No Merit Based <input type="checkbox"/> Yes <input type="checkbox"/> No
		Employer Name:	Phone #:	Hire Date:
		<u>Select Hourly or Salaried:</u> <input type="checkbox"/> Hourly      Hourly Rate: \$ _____ Average Weekly Hours: _____ <input type="checkbox"/> Salaried      Pay Rate: \$ _____ Frequency _____		<u>Other Employment Income:</u> Shift Differentials: <input type="checkbox"/> Yes <input type="checkbox"/> No Tips: <input type="checkbox"/> Yes <input type="checkbox"/> No Commissions: <input type="checkbox"/> Yes <input type="checkbox"/> No Other Pay: <input type="checkbox"/> Yes <input type="checkbox"/> No <u>Bonuses:</u> Annual <input type="checkbox"/> Yes <input type="checkbox"/> No Scheduled <input type="checkbox"/> Yes <input type="checkbox"/> No Merit Based <input type="checkbox"/> Yes <input type="checkbox"/> No
		I have additional employment income. If yes, add on a second page.		

If all of the employment questions above are answered with a no, then the applicant/resident should complete a Non-Employment Affidavit before continuing through the remaining questions.

Yes	No	Income Type	Income Source	Amount	Frequency
		Self-Employment or net income from a business. (Including day labor work, individual contracts, and gig economy.)		\$	
				\$	
				\$	
		Unemployment		\$	
		Social Security		\$	
		SSI (Supplemental Security Income)		\$	
		SSP (State Supplemental Payment)		\$	
		Periodic Payments: i.e. Pensions, Retirement, Investment, Annuities, Trusts, Long Term Care Insurance, Life Insurance, Settlement or Legal Judgement, Lottery or Other Contest Winnings		\$	
				\$	
				\$	
				\$	
		Veterans Benefits or VA Disability		\$	
		Military Pay		\$	
		Welfare: i.e. AFDC, TANF (excluding Food Stamps)		\$	
		Worker's Compensation		\$	

Beginning 1/1/2024, workers' compensation is excluded as income.

Yes	No	Income Type	Income Source	Amount	Frequency
		Financial Aid		\$	
		Utility Assistance (from sources other than HUD)		\$	
		Job Training Program		\$	
		Are you entitled to receive alimony through a court order or separation agreement?			
		Do you receive alimony?		\$	



Applicant/Resident Name: \_\_\_\_\_  
Unit #: \_\_\_\_\_

### Income Interview Questionnaire

Each adult household member must complete an Income Interview Questionnaire.

#### Section III: Income Information

Report all income for adult and minor household members. Exclude income for foster children or foster adults beginning 1/1/2024. Answer YES or NO to each question. Complete additional questions for each row answered YES. List gross amounts currently received or anticipated to be received in the next 12 month.

☐ Are you entitled to receive child support through a court order?

All adult household members with a minor in the residence must complete Child Support Affidavit[s].

<input type="checkbox"/>	Do you receive child support payments from an enforcement agency or attorney?		\$	
			\$	
<input type="checkbox"/>	Do you receive assistance from the other parent/guardian in the form of items purchased, bill/service payments, cash payments, and/or other types?		\$	
			\$	
			\$	
			\$	
	Adoption Assistance		\$	

If all of the income questions above are answered with a no, then management should review a Zero Income Interview Questionnaire with the applicant/resident before continuing through the remaining questions.

<input type="checkbox"/>	Assistance/contributions from someone who is not part of this household in the form of items purchased, bill/service payments, cash payments, and/or other types?		\$	
			\$	
			\$	
			\$	
<input type="checkbox"/>	Crowdfunding (i.e. Go Fund Me)		\$	
<input type="checkbox"/>	Any income from sources not mentioned above?			
<input type="checkbox"/>	Do you anticipate any changes to income within the next 12 months? If yes, explain:			
<input type="checkbox"/>	Is any income disregarded for SSI eligibility under a Plan to Attain Self-Sufficiency (PASS)?			
<input type="checkbox"/>	Does anyone else in the household have income?			

I certify that all questions on this interview checklist have been asked of me at my personal interview with management. I have understood and answered all questions. I have reviewed my answers on this checklist with management.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Management Signature

\_\_\_\_\_  
Date





## Asset Interview Questionnaire

Each adult household member must complete an Asset Interview Questionnaire.

Section IV Asset Information							
Report all assets for adult and minor household members. Exclude assets for foster children or foster adults beginning 1/1/2024. Answer YES or NO to each question. Answer the additional questions for each row with a YES. Some asset types have multiple rows to list more than one account of that type. Additional accounts can be listed as other or on another form.							
Yes	No	Asset Type	Asset Source  i.e. bank or financial organization name		Current Cash Value	Is this account eligible to earn income? i.e. interest, dividends	
						Yes	No
		Cash			\$		
		Checking Accounts			\$		
					\$		
		Savings Accounts (including money market accounts)			\$		
					\$		
		CD (Certificates of Deposit)			\$		
		Direct Deposit Debit or Pay Cards	<input type="checkbox"/> Yes <input type="checkbox"/> No	SSA (Direct Express)	\$		
		Report: Cards/Accounts issued by an Agency, Organization, or Employer	<input type="checkbox"/> Yes <input type="checkbox"/> No	Welfare	\$		
		Report: Cards/Accounts personally obtained and owned	<input type="checkbox"/> Yes <input type="checkbox"/> No	Child Support	\$		
		Report: Virtual Debit Card Accounts	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unemployment	\$		
		Do not report debit cards issued on bank accounts reported above	<input type="checkbox"/> Yes <input type="checkbox"/> No	Employment	\$		
					\$		
					\$		
		Virtual Accounts (i.e. Cash App, Venmo, PayPal)			\$		
					\$		
		Stocks			\$		
		Bonds			\$		
		Mutual Funds and Investments			\$		
		Life Insurance (Include Whole Life, Universal, or Annuity Accounts. Do not include Term Life Insurance.)			\$		
					\$		
		Annuity Accounts			\$		
		Trust Accounts (Revocable by or under the control of a household member)			\$		
		Personal Property Held as an Investment: Non-Necessary items (i.e. gems, jewelry, coin collections, antique cars, etc.)			\$		
					\$		
					\$		
		Other current assets			\$		
					\$		
		Retirement Accounts			\$		

Beginning 1/1/2024, retirement accounts recognized by the IRS are excluded as assets.





## Asset Interview Questionnaire

Each adult household member must complete an Asset Interview Questionnaire.

Section IV Asset Information						
Real Estate or Real Property						
Yes	No	Asset Type	Asset Source	Cash Value	Is income earned?	
					Yes	No
		Real Estate - Land only	Address/Location:	\$		
		Real Estate - Commercial or other property type	Address/Location:	\$		
		Real Estate - Own a Home If yes, is the property:	Address:	\$		
		* Rented or occupied by someone making payments for mortgage, insurance, taxes, repairs, or other expenses				
		* For sale				
		* Suitable for occupancy by your household. If no, select reason:	<input type="checkbox"/> Does not meet the disability related needs for all household members			
			<input type="checkbox"/> A joint owner is living in the home			
			<input type="checkbox"/> Geographic location is prohibitive			
			<input type="checkbox"/> Physical condition poses a risk to our health and safety <b>and</b> the condition of the property cannot be easily remedied			
			<input type="checkbox"/> Other - Please explain on a separate page			
Additional Information						
		Were any lump sum assets received in the last 12 months? If yes, explain the type of asset, source and amount:				
		Do any of the above assets contain a tax refund received within the last 12 months? If yes, list the account and the amount:				
		Are any of the assets listed above owned jointly with someone who will not be part of this household? If yes, explain which asset, who the other owner[s] are, and what percentage you own.				
		Do you own any assets that are being held in an account that belongs to someone who will not be part of this household? If yes, explain the type of asset, who it belongs to, where it is held, and the cash value in that account that belongs to you.				
		Were there any assets that were disposed of (given away or sold) in the last two years (24 months) for less than fair market value?				
If yes, have applicant/resident complete Section III, Asset Disposition Information, on the Asset Disposal Certification.						

I certify that all questions on this interview checklist have been asked of me at my personal interview with management. I have understood and answered all questions. I have reviewed my answers on this checklist with management.

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

Date \_\_\_\_\_

Management Signature \_\_\_\_\_

Date \_\_\_\_\_



**Interview Questionnaire Certification**

Each adult household member must complete this Interview Questionnaire Certification.

**Section VII Certification**

This Interview Questionnaire Certification applies to all pages of the Interview Questionnaire.

I certify that all questions on the interview questionnaires have been asked of me at my personal interview with management. I have understood and answered all questions. I have reviewed my answers on each interview questionnaire with management. I understand that management is relying on this information to prove my household's eligibility for the Affordable Housing Program[s].

I understand I must report any changes to management as soon as they occur.

I understand that my occupancy is contingent upon meeting management's resident selection criteria and the Affordable Housing Program requirements.

I consent to have management verify the information contained in this questionnaire for the purpose of determining eligibility for occupancy.

I/We, the undersigned, certify under penalty of perjury that the information provided here is true and correct, to the best of my knowledge and recollection, and that my misrepresentation of information will lead to cancellation/rejection of my application or termination of my residency or subsidy.

**WARNING:** Anyone who knowingly submits a false claim or knowingly makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. 287, 1001, 1010, 1012; 31 U.S.C. 3279, 3802).

\_\_\_\_\_  
Head of Household Signature\_\_\_\_\_  
Print Name\_\_\_\_\_  
Date\_\_\_\_\_  
Adult Household Member Signature\_\_\_\_\_  
Print Name\_\_\_\_\_  
Date\_\_\_\_\_  
Adult Household Member Signature\_\_\_\_\_  
Print Name\_\_\_\_\_  
Date\_\_\_\_\_  
Adult Household Member Signature\_\_\_\_\_  
Print Name\_\_\_\_\_  
Date\_\_\_\_\_  
Management Signature\_\_\_\_\_  
Print Name\_\_\_\_\_  
Date

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

Apartment #: \_\_\_\_\_

You have applied for housing under a program of the U.S. Department of Housing and Urban Development (HUD), Rural Development, the Internal Revenue Service and/or another State or local program. We are required to certify all of your income, asset, and eligibility information as part of determining your household's eligibility. Program requirements state we must verify each income and asset source as well as other claims of eligibility. We must determine this prior to granting your eligibility and, if such eligibility is granted, each subsequent year you remain in the apartment.

This Affidavit is to be completed by any individual who is 18 years of age or older and claims no employment income or business/self-employment income on the Interview Questionnaire.

**Part I Non-Employment Status:** I confirm to you the following information with respect to my current non-employment status:

- ☐ I am not currently employed in any capacity.  
☐ I am currently employed but am not actively working or earning wages.

Explain: \_\_\_\_\_

**Part II Earnings in Lieu of Wages:** I confirm to you the following information with respect to any earnings in lieu of wages: (check all boxes that are applicable)

☐ I am receiving earnings in lieu of wages as a result of my non-employment status. That income is listed on my interview questionnaire.

☐ I have applied for earnings in lieu of wages in the form of:

- ☐ Unemployment  
☐ Workers' Compensation  
☐ Other: \_\_\_\_\_

My application status is: \_\_\_\_\_

If approval has been granted, when will benefits begin? \_\_\_\_\_

☐ I intend to apply for earnings in lieu of wages in the form of:

- ☐ Unemployment  
☐ Workers' Compensation  
☐ Other: \_\_\_\_\_

☐ I do not intend to apply for earnings in lieu of wages.

**Part III Future Employment Status:** I confirm to you the following information with respect to my employment status for the next 12 months:

☐ I have no intention of becoming employed in the next 12 months. I am not under any affirmative obligation to obtain employment.

☐ I intend to become employed in the next 12 months. I have not received an offer of employment.

Based on my skills and/or past work experience and prior earnings, I expect to earn:

\$\_\_\_\_\_ per hour working \_\_\_\_\_ hours per week

**or** an annual salary of \$\_\_\_\_\_ when I become employed.

Based on your plans to search for employment and expectations for the application process, what is a reasonable date for employment to begin? \_\_\_\_\_

In support of this estimate I am submitting (attach at least one item from the list below):

- ☐ Prior year's tax return, prior year's W2 or previous pay stubs (if looking for similar employment)
- ☐ Webpage printout of projected wages from salary estimator website or job postings
- ☐ Other: \_\_\_\_\_
- ☐ Supporting documents are not available for my employment search.  
Explain: \_\_\_\_\_

☐ I intend to become employed in the next 12 months. I have received an offer of employment.

I expect to earn \$\_\_\_\_\_ per hour working \_\_\_\_\_ hours per week

**or** an annual salary of \$\_\_\_\_\_ when employment begins.

The projected date for employment to begin is :\_\_\_\_\_.

In support of this estimate I am submitting (attach at least one item from the list below):

- ☐ Letter from employer on letter head or email from business email account
- ☐ New Hire Contract
- ☐ Other: \_\_\_\_\_

I, the undersigned, certify under penalty of perjury that the information provided here is true and correct, to the best of my knowledge and recollection. WARNING: Anyone who knowingly submits a false claim or knowingly makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. 287, 1001, 1010, 1012; 31 U.S.C. 3279, 3802)"

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# EMPLOYMENT VERIFICATION

The individual named below is an applicant/resident of a housing program that requires verification of income. The information provided will remain confidential and used only to determine eligibility. Please complete and return promptly.

DATE: \_\_\_\_\_

EMPLOYER NAME: \_\_\_\_\_

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

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

DEVELOPMENT NAME: The Lofts At Osage Mills

EMAIL: loftsatosagemill@winnco.com

PHONE: 980-907-6566 FAX: N/A

**RELEASE STATEMENT FOR APPLICANT/RESIDENT** I hereby authorize the above-named management agent to make inquiries regarding release of information for the purpose of determining my eligibility for occupancy.

PRINTED NAME OF EMPLOYEE: \_\_\_\_\_

SIGNATURE OF EMPLOYEE: \_\_\_\_\_

## Parts 1-3 below are to be completed by the employer

Please fill in ALL blanks. Enter N/A if an item is not applicable to the above employee.

(Note: Information provided may require additional documentation)

### **PART 1 (EMPLOYMENT STATUS AND PAY METHOD):**

Presently Employed: ☐ Yes ☐ No

If yes, Hire Date: \_\_\_\_\_ If no, Termination Date: \_\_\_\_\_

Method of Payment (select one): ☐ Cash ☐ Paper Check ☐ Direct Deposit ☐ Depository Debit Card ☐ Other

If other, explanation: \_\_\_\_\_

Does this employee have a 401(k), 403(b), or other retirement account: ☐ Yes ☐ No

If yes, can the employee withdraw the funds in this account: ☐ Yes ☐ No

What is the appropriate agency/contact information to verify retirement account information: \_\_\_\_\_

### **PART 2 (WAGE/SALARY INFO):**

Current Gross Wages/Salary: \$ \_\_\_\_\_

Frequency (select one): ☐ Hourly ☐ Weekly ☐ Bi-Weekly ☐ Semi-Monthly ☐ Monthly ☐ Annually ☐ Other: \_\_\_\_\_

Average # of regular hours per week: \_\_\_\_\_

Overtime Rate: \$ \_\_\_\_\_ per hour Average # of overtime hours per week (not included in regular hours): \_\_\_\_\_

Shift Differential Rate: \$ \_\_\_\_\_ per hour Average # of shift differential hours per week (not included in regular hours): \_\_\_\_\_

Commissions/Bonuses/Tips/Other: \$ \_\_\_\_\_

Frequency (select one): ☐ Hourly ☐ Weekly ☐ Bi-Weekly ☐ Semi-Monthly ☐ Monthly ☐ Annually ☐ Other: \_\_\_\_\_

List any anticipated changes in the employees' rate of pay within the next 12 months: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Is the employee's work seasonal or sporadic: ☐ Yes ☐ No

If yes, indicate the average number of weeks in the layoff period(s): \_\_\_\_\_

### **PART 3 (CURRENT YEAR TO DATE INFO):**

Dates From: \_\_\_\_\_ Dates To: \_\_\_\_\_ # of Pay Periods included in the Earnings Below: \_\_\_\_\_

Current Year to Date Base Pay/Salary: \$ \_\_\_\_\_

Current Year to Date Overtime/Other: \$ \_\_\_\_\_

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

Current Total Year to Date Earnings: \$ \_\_\_\_\_

### **AUTHORIZED REPRESENTATIVE:**

I certify that the above information is true and correct to the best of my knowledge.

Signature/Title: \_\_\_\_\_

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

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

Direct Phone: \_\_\_\_\_

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

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





## Self-Employment / Net Income from Business Self-Affidavit

### Business

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

Phone #: ( ) \_\_\_\_\_

Fax #: ( ) \_\_\_\_\_

Type of Business: \_\_\_\_\_

Taxpayer ID #: \_\_\_\_\_

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

1. Position/Occupation: \_\_\_\_\_ Date Began: \_\_\_\_\_
2. Anticipated NET Income: \_\_\_\_\_ Frequency: \_\_\_\_\_  
(Hourly, Weekly, Monthly, etc.)
3. Last Year's NET Income: \_\_\_\_\_ Frequency: \_\_\_\_\_  
(Hourly, Weekly, Monthly, etc.)
4. Additional Compensation: \_\_\_\_\_ Frequency: \_\_\_\_\_  
(i.e., Tips, Commissions, Bonuses, etc.) (Hourly, Weekly, Monthly, etc.)
5. Has business been continuous? \_\_\_\_\_ YES \_\_\_\_\_ NO

COMMENTS: \_\_\_\_\_

Attach last year's SIGNED copy of your Federal Income Tax Return including the Schedule C or other relevant tax forms.

If this is a new business, you will need to provide an anticipated Profit/Loss Statement completed by an accountant or attorney.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone #



Winn Residential

REV 08/09/2012

You have applied for housing under a program of the U.S. Department of Housing and Urban Development (HUD) and/or the Internal Revenue Service. We are required to certify all of your household's income, asset and eligibility information as part of determining your household's eligibility. Program requirements state we must verify each income and asset source as well as other claims of eligibility. We must determine this prior to granting your eligibility and, if such eligibility is granted, each subsequent year you remain in the unit.

Resident/Applicant Name: \_\_\_\_\_ Property: The lofts at Osage Mills Unit #: \_\_\_\_\_

**I certify the following is true regarding the child(ren) listed below:** Complete one form for each source of child support. Please select the **Option** that applies.

Name of Child	Date of Birth
Name of Child	Date of Birth
Name of Child	Date of Birth
Name of Child	Date of Birth
Name of Child	Date of Birth
Name of Child	Date of Birth

**[ ] Option I**

I have a court order to receive child support in the amount of \$ \_\_\_\_\_ Per \_\_\_\_\_ (week/month/year).

☒ Provide court order, divorce decree or separation agreement.

☐ I receive the full court ordered amount.

☐ I do NOT receive the full amount of the child support due to me pursuant to a court order or other agreement. I expect to receive no more than \$ \_\_\_\_\_ per \_\_\_\_\_ over the next twelve months because \_\_\_\_\_.

I have taken the following actions to collect the support monies due to me:

☐ I have an active enforcement case with \_\_\_\_\_ (Child Support Agency)

☒ Provide a payment history for the last three (3) years.

☐ Other: \_\_\_\_\_

☒ Provide documentation of collection attempts.

☐ I have not taken action to collect to support due to me.

**[ ] Option II**

I receive support that is not court-ordered in the form of:

☐ Cash payments of \$ \_\_\_\_\_ per \_\_\_\_\_ (week/month/year)

☐ Purchasing items for the child[ren] in the amount of \$ \_\_\_\_\_ per \_\_\_\_\_ (week/month/year)

☐ Paying for services for the child[ren] in the amount of \$ \_\_\_\_\_ per \_\_\_\_\_ (week/month/year)

☐ Other: \$ \_\_\_\_\_ per \_\_\_\_\_ (week/month/year) for \_\_\_\_\_

Name of support provider: \_\_\_\_\_ Phone: \_\_\_\_\_

**[ ] Option III**

Although I am not currently entitled to receive child support pursuant to a court order or other agreement, I believe that I will receive such an order within the next 12 months. I anticipate receiving \$ \_\_\_\_\_ per \_\_\_\_\_ beginning \_\_\_\_\_.

**[ ] Option IV**

I am not entitled to receive child support under court order or any other agreement and I am not in the process of seeking any monies for child support through legal channels or otherwise.

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 and misleading or incomplete information may result in the termination of a lease agreement.

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

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

\_\_\_\_\_  
Date

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). \*\*

# ASSET SELF-CERTIFICATION

ANNUAL ASSET THRESHOLD: \_\_\_\_\_

For households whose combined assets do not exceed the annual asset self-certification threshold. Complete only one form per household; include assets of all household members including children. Form cannot be used for HOME/NHTF at move-in.

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

Head of Household Name: \_\_\_\_\_

Unit No: \_\_\_\_\_

Certification Type: ☐ Initial ☐ Recertification (Effective Date: \_\_\_\_\_)

## PART 1 – SELECT ONE OPTION:

- ☐ I/we do not have any assets at this time (move to Part 2):
- ☐ I/we have the following assets (enter n/a if you do not own the respective asset):

**Note: Be sure to include the value of any cash or other asset in a safe deposit box or any other means of storage.**

\* **Cash value** is market value minus cost to convert an asset to cash, such as broker's fees, settlement costs, outstanding loans, penalties for early withdrawal, etc.

NON-NECESSARY PERSONAL PROPERTY							
TYPE OF ASSET	CASH VALUE*	INTEREST RATE (IF APPLICABLE)	ANNUAL INCOME	TYPE OF ASSET	CASH VALUE*	INTEREST RATE (IF APPLICABLE)	ANNUAL INCOME
<b>Non-necessary personal property</b> (non-account assets such as RVs, ATVs, boats, antique cars, stamp collections, etc.)				<b>Annuities</b> (current balance)	\$		\$
<b>Description:</b>	\$		\$	<b>Brokerage accounts</b> (current account balance (mutual funds, etc.))	\$		\$
<b>Description:</b>	\$		\$	<b>Life Insurance</b> (not term life)	\$		\$
<b>Cash on hand</b>	\$		N/A	<b>Cryptocurrency</b> (Bitcoin, etc.)	\$		\$
<b>Checking</b> (current balance)	\$		\$	<b>Stocks/Bonds</b> (current balance)	\$		\$
<b>Savings</b> (current balance)	\$		\$	<b>CD/Money Market</b> (current balance)	\$		\$
<b>Debit cards</b> (not linked to an account that is listed above)	\$		N/A	<b>Trust accounts</b> (current balance)	\$		\$
<b>Internet based assets</b> (Cash App, Venmo, PayPal, ApplePay, etc.)	\$		\$	<b>Lump sum amounts received</b> (not listed in above accounts (lottery/inheritance, etc.))	\$		\$
<b>Other   Description:</b>	\$		\$	<b>Other   Description:</b>	\$		\$
<b>[A] Total cash value of non-necessary personal property:</b>					\$	<b>[B] Total Income:</b>	\$

*Important Note | if the above total value [A] is less than the annual asset self-certification threshold, it is not added into the Total Net Assets Section [F] below. However, total income from non-necessary personal property above is added to total income [G] below.*

REAL PROPERTY			
DESCRIPTION OF PROPERTY	CASH VALUE		INCOME
	\$		\$
	\$		\$
<b>[C] Total real property value:</b>	\$	<b>[D] Total real prop income:</b>	\$

TOTAL NET ASSETS AND INCOME			
<b>[E] Tax Refund.</b> Have you received a tax return or refundable tax credit in the last 12 months?		\$	Subtract tax return/credit (if any) from total net assets. See formula for [F]
<input type="checkbox"/> yes <input type="checkbox"/> no <span>value of return/credit</span>			
<b>[F] Total Net Assets:</b> (Total real property [C] + non-necessary personal property [A] (if [A] exceeds annual asset self-certification threshold) – [E] tax return/refundable credit)		\$	<b>[G] Total Asset Income:</b> [B] + [D]

## PART 2 – SELECT ONE OPTION:

- ☐ Within the past two (2) years, I/we have sold or given away assets (including cash, real estate, etc.) below fair market value (FMV). Those amounts equal a total of: \$\_\_\_\_\_ (enter the difference between FMV and the amount you received).
- ☐ 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.

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

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

Date \_\_\_\_\_

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

Date \_\_\_\_\_



# ANNUAL STUDENT CERTIFICATION

Complete one form per household.

Development Name: The Lofts At Osage Mills

Head of Household Name: \_\_\_\_\_

Unit No: \_\_\_\_\_

Certification Type: ☐ Initial ☐ Recertification (Effective Date: \_\_\_\_\_)

## **SELECT ONE OPTION:**

**\*\*Note:** Students include 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:

☐ Household contains at least one occupant who is not a student and has not been/will not be a student for five months or more out of the current and/or upcoming calendar year (months need not be consecutive). **(If selected, STOP and sign bottom of form)**

☐ Household contains all students, but is qualified because the following occupant(s) \_\_\_\_\_ is/are a PART-TIME student(s) who have not been/will not be a full-time student for five months or more of the current and/or upcoming calendar year. *Verification of part-time student status is required for at least one occupant. (If selected, STOP and sign bottom of form)*

☐ Household contains all students who were, are, or will be FULL-TIME for five months or more out of the current and/or upcoming calendar year (months need not be consecutive). **(If selected, questions 1-5 below must be completed)**

1.	Is any member married and entitled to file a joint tax return? (attach marriage certificate or tax return)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2.	Is at least one student a single parent with child(ren) <i>and</i> this parent is not a dependent of someone else, <i>and</i> the child(ren) is/are not dependent(s) of someone other than a parent? (attach student's most recent tax return and, if applicable, divorce/custody decree or other parent's most recent tax return)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3.	Is at least one student receiving Temporary Assistance to Needy Families (TANF)? (provide release of information for verification purposes)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4.	Does at least one student participate in a program receiving assistance under the Workforce Innovation and Opportunity Act or under other similar federal, state, or local laws? (attach verification of participation)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5.	Does the household consist of at least one student who has ever been under the care and placement responsibility of the state agency responsible for administering foster care? (provide verification of participation)	<input type="checkbox"/> YES	<input type="checkbox"/> NO

*Full-time student households that satisfy one 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 ineligible.*

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

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/Resident Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

<b>I. THIS SECTION TO BE COMPLETED BY OWNER/MANAGEMENT</b>	
<b>Owner/Management Name:</b> <u>The Lofts at Osage Mills</u>	<b>Site Number:</b> <u>3382</u>
<b>Contact Name:</b>	<b>Contact Title:</b>
<b>Address:</b>	<b>Phone:</b> <u>980-907-6566</u>
<b>Email Address:</b>	<b>Fax:</b> <u>N/A</u>

<b>II. THIS SECTION TO BE COMPLETED BY APPLICANT/RESIDENT</b>																					
<p>I/We _____, the undersigned hereby authorize all persons or companies in the categories listed below to release information regarding employment, income and/or assets for the purposes of verifying information on my/our application for participation in an affordable housing program regulated by the government. I/We authorize release of information without liability to the owner/management agent listed above.</p> <p><b>INFORMATION COVERED:</b> I/we understand that previous or current information regarding me/us may be needed. Verification and inquiries that may be requested include e, but are not limited to personal identity, student status, employment, income, assets and medical or childcare allowances. I/We understand that this authorization cannot be used to obtain information about me/us that is not pertinent to my eligibility for and continued participation in an affordable housing program.</p> <p><b>GROUPS OR INDIVIDUALS THAT MAY BE ASKED:</b> The groups of individuals that may be asked to release the above information include, but are not limited to:</p> <table border="1"> <tr> <td>Past or Present Employers</td> <td>Welfare Agencies</td> <td>Veterans Administrations</td> </tr> <tr> <td>Support &amp; Alimony Providers</td> <td>State Unemployment Agencies</td> <td>Retirement Systems</td> </tr> <tr> <td>Educational Institutions</td> <td>Social Security Administration</td> <td>Medical and Child Care Providers</td> </tr> <tr> <td>Bank &amp; Financial Institutions</td> <td>Utility Providers</td> <td>Previous Landlords</td> </tr> <tr> <td>Public Housing Agencies</td> <td>Appraisal Districts</td> <td>Insurance Carrier</td> </tr> <tr> <td>Credit Bureaus</td> <td>Criminal Background</td> <td>Sex Offender Registry</td> </tr> <tr> <td>Enterprise Income Verification (EIV) System</td> <td colspan="2">Work Number</td> </tr> </table>	Past or Present Employers	Welfare Agencies	Veterans Administrations	Support & Alimony Providers	State Unemployment Agencies	Retirement Systems	Educational Institutions	Social Security Administration	Medical and Child Care Providers	Bank & Financial Institutions	Utility Providers	Previous Landlords	Public Housing Agencies	Appraisal Districts	Insurance Carrier	Credit Bureaus	Criminal Background	Sex Offender Registry	Enterprise Income Verification (EIV) System	Work Number	
Past or Present Employers	Welfare Agencies	Veterans Administrations																			
Support & Alimony Providers	State Unemployment Agencies	Retirement Systems																			
Educational Institutions	Social Security Administration	Medical and Child Care Providers																			
Bank & Financial Institutions	Utility Providers	Previous Landlords																			
Public Housing Agencies	Appraisal Districts	Insurance Carrier																			
Credit Bureaus	Criminal Background	Sex Offender Registry																			
Enterprise Income Verification (EIV) System	Work Number																				

<b>III. APPLICANT CERTIFICATION</b>		
<p>I/we understand that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file with the Management Office. I/we understand I/we have a right to review this file and correct any information that is incorrect.</p>		
_____ Applicant/Resident Printed Name	_____ Signature	_____ Date
_____ Co-Applicant/Resident Printed Name	_____ Signature	_____ Date
_____ Adult Member Printed Name	_____ Signature	_____ Date
_____ Adult Member Printed Name	_____ Signature	_____ Date

# SUPPLEMENTAL DEMOGRAPHIC FORM

Form should be completed for all new move-ins.

The North Carolina Housing Finance Agency request the following information in order to comply with the Housing and Economic Recovery Act (HERA) of 2008, which requires all Low-Income Housing Tax Credit (LIHTC) properties to collect and submit to the U. S. Department of Housing and Urban Development (HUD), certain demographic and economic information on residents residing in LIHTC financed properties. Although NCHFA would appreciate receiving this information, you may choose not to furnish it. You will not be discriminated against on the basis of this information, or on whether or not you choose to furnish it.

If you do **NOT** wish to furnish this information, please check the box below.

☐ Applicant/Resident:

INITIALS							
HH#	1	2	3	4	5	6	7

If you **DO** wish to furnish this information, please complete the information below for each household member (see below for codes)

APPLICANT /RESIDENT DEMOGRAPHIC PROFILE							
HH #	Last Name	First Name	Middle Initial	Race	Ethnicity	Disabled (Y or N)	Veteran (Y or N)
1							
2							
3							
4							
5							
6							
7							

## The Following Race Codes should be used:

- 1 – White – A person having origins in any of the original people of Europe, the Middle East or North Africa.
- 2 – Black/African American – A person having origins in any of the black racial groups of Africa.
- 3 – American Indian/Alaska Native – A person having origins in any of the original peoples of North and South America (including Central America), and who maintain 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 Indian
  - 4b – Chinese
  - 4c – Filipino
  - 4d – Japanese
  - 4e – Korean
  - 4f – Vietnamese
  - 4g – Other Asian
- 5 – Native Hawaiian/Other Pacific Islander – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
  - 5a – Native Hawaiian
  - 5b – Guamanian or Chamorro
  - 5c – Samoan
  - 5d – Other Pacific Islander
- 6 – Other

*Note: Multiple racial categories may be indicated as such: 3 - 1 – American Indian/Alaska Native & White, 4b-1 – Asian & White, etc.*

## The Following Ethnicity Codes should be used:

- 1 – Hispanic – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
  - 1a – Puerto Rican
  - 1b – Cuban
  - 1c – Mexican, Mexican American, Chicano/a
  - 1d – Another Hispanic, Latino/a or Spanish Origin
- 2 – Not Hispanic – A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

## Disability Status:

Check "Y" if any member of the household is disabled according to Fair Housing Act definition for disability:

- A physical or mental impairment 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, please see 24 CFR 100.201.
- "Disability" does not include **current**, illegal use of or addiction to a controlled substance.

## Veterans Status:

Check "Y" if any member of the household is "A person who took their oath and served or is serving in any branch of the US armed forces, including the Coast Guard or National Guard, regardless of deployment, rank, position or when they served."

