WinnResidential

Release and Consent Form

I. THIS SECTION TO BE COMPLETED BY OWNER/MANAGEMENT	
Owner/Management Name:	**Site Number:**
Contact Name:	**Contact Title:**
Address:	**Phone:**
Email Address:	**Fax:**

II. THIS SECTION TO BE COMPLETED BY APPLICANT/RESIDENT

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.

INFORMATION COVERED:
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.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED:
The groups of individuals that may be asked to release the above information include, but are not limited to:

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

III. APPLICANT CERTIFICATION

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.

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

Property Name: _____

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.

WinnResidential

Applicant/Resident Name: _____

Unit #: _____

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 entire 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 **at least 50% custody** 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	☐	☐	☐	**Move-In Only:** Required at properties with resident paid utiliites: 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 management.

_____ _____

Head of Household Signature Date

_____ _____

Management Signature Date

EQUAL HOUSING OPPORTUNITY

WinnResidential

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.

Yes	No	Employment Information:		
		Employer Name:	Phone #:	Hire Date:
		Select Hourly or Salaried: ☐ Hourly Hourly Rate: $_____ Average Weekly Hours: _____ ☐ Salaried Pay Rate: $_____ Frequency _____	Other Employment Income: Shift Differentials: ☐ Yes ☐ No Tips: ☐ Yes ☐ No Commissions: ☐ Yes ☐ No Other Pay: ☐ Yes ☐ No	Bonuses: Annual ☐ Yes ☐ No Scheduled ☐ Yes ☐ No Merit Based ☐ Yes ☐ No
		Employer Name:	Phone #:	Hire Date:
		Select Hourly or Salaried: ☐ Hourly Hourly Rate: $_____ Average Weekly Hours: _____ ☐ Salaried Pay Rate: $_____ Frequency _____	Other Employment Income: Shift Differentials: ☐ Yes ☐ No Tips: ☐ Yes ☐ No Commissions: ☐ Yes ☐ No Other Pay: ☐ Yes ☐ No	Bonuses: Annual ☐ Yes ☐ No Scheduled ☐ Yes ☐ No Merit Based ☐ Yes ☐ 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?		$	

EQUAL HOUSING OPPORTUNITY

WinnResidential

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].				
☐	☐	Do you receive child support payments from an enforcement agency or attorney?		$
☐	☐	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.				
☐	☐	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?		$
☐	☐	Crowdfunding (*i.e. Go Fund Me)*		$
☐	☐	Any income from sources not mentioned above?		
☐	☐	Do you anticipate any changes to income within the next 12 months? If yes, explain:		
☐	☐	Is any income disregarded for SSI eligibility under a Plan to Attain Self-Sufficiency (PASS)?		
☐	☐	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 _____

WinnResidential

Applicant/Resident Name: _____

Unit #: _____

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 *Report: Cards/Accounts issued by an Agency, Organization, or Employer* *Report: Cards/Accounts personally obtained and owned* *Report: Virtual Debit Card Accounts* *Do not report debit cards issued on bank accounts reported above*	☐ Yes ☐ No SSA (Direct Express)	$		
			☐ Yes ☐ No Welfare	$		
			☐ Yes ☐ No Child Support	$		
			☐ Yes ☐ No Unemployment	$		
			☐ Yes ☐ 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.

WinnResidential

Applicant/Resident Name: _____

Unit #: _____

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	Is income earned? 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:	☐ Does not meet the disability related needs for all household members ☐ A joint owner is living in the home ☐ Geographic location is prohibitive ☐ Physical condition poses a risk to our health and safety **and** the condition of the property cannot be easily remedied ☐ 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

WinnResidential

Applicant/Resident Name: _____

Unit #: _____

Prior Year Income Certification

Each adult household member must complete a Prior Year Income Certification.

Section V Last 12 Months' Income Information

List gross amounts received in the **last 12 months**. Report all income for adult and minor household members (except for foster children or foster adults). Answer YES or NO to **each question**. Complete additional questions for each row answered YES.

Yes	No	Income Type	Income Source	Total Income-Last 12 Months
☐	☐	Employment		$
				$
				$
				$
				$
☐	☐	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)*		$
☐	☐	Financial Aid		$
☐	☐	Utility Assistance *(from sources other than HUD)*		$
☐	☐	Job Training Program		$
☐	☐	Alimony		$
☐	☐	Child support payments from an enforcement agency or attorney		$
				$
☐	☐	Child Support/Assistance from the other parent/guardian in the form of items purchased, bill/service payments, cash payments, and/or other types		$
				$
				$
☐	☐	Adoption Assistance		$
☐	☐	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		$
				$
				$
☐	☐	Crowdfunding (*i.e. Go Fund Me)*		$
☐	☐	Any income received from sources not mentioned above?		$
				$
☐	☐	Was any income disregarded for SSI eligibility under a Plan to Attain Self-Sufficiency (PASS)?		
☐	☐	Did anyone else in the household have income?		

I certify that all questions on this income certification 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 certification with management.

_____ _____

Applicant/Resident Signature Date

_____ _____

Management Signature Date

WinnResidential

Applicant/Resident Name: _____

Unit #: _____

Interview Questionnaire Certification

Each adult household member must complete this Interveiw 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:

Title18, 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 employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the purposes cited above. Any person who knowingly or willing requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subjected 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 42 U.S.C. 208 (a) (6) (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408, (a) (6) (7) and (8).

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

WinnResidential

Applicant/Resident Name: _____

Unit #: _____ Phone #: _____

Email: _____

Wisconsin Interview Certification

Each adult household member must complete the interview certification.

Section VIII CERTIFICATION

RESIDENCY HISTORY

List ALL the places you have lived in the last two (2) years - use additional page if necessary

Current Address	Street Address, City State & ZIP	From Date	Name of Apartment / Landlord
	City State ZIP	To Date	Landlord Phone
Reason for Moving			Street Address
Circle One RENT ☐ or OWN ☐	Current Rent Amount $		City / State / ZIP
Previous Address	Street Address, City State & ZIP	From Date	Name of Apartment / Landlord
	City State ZIP	To Date	Landlord Phone
Reason for Moving			Street Address
Circle One RENT ☐ or OWN ☐	Current Rent Amount $		City / State / ZIP

Please circle the number below that best describes your current housing circumstances.

☐ Substandard Housing ☐ Without or Soon to be Without Housing ☐ Standard Housing ☐ Conventional / Public Housing

☐ Lacking a Fixed Nighttime Residence ☐ Fleeing / Attempting to Flee Violence

HOUSEHOLD INFORMATION

Last Name, First Name MI	Social Security #	Relationship to Head of Household	Date of Birth	Age	Disabled Y or N	Student Status FT, PT or NO

Applicants / residents who were age 62 or older as of 01/31/2010, who do not have a Social Security Number (SSN) and were receiving HUD rental assistance at another location on 01/31/2010, qualify for an exemption of the SSN requirements.

HOUSING INFORMATION

Do you need a mobility accessible or audio / visual accessible apartment? ☐ YES ☐ NO

Do you need to request a reasonable accommodation or modification? ☐ YES ☐ NO

How did you hear about our community? _____

FOR OFFICE USE ONLY

Date Received _____ Time _____ Date of Waitlist Application (if applicable) _____

WinnResidential

Rental Application Attachment for State and Federally Regulated Properties

Federal law requires us to get drug and criminal background information about all adult household members applying for assisted housing. The head of household must answer the questions below For all household members and each household member aged 18 or older must sign below to consent to a background check.

1) Have you or any members of your household ever lived in any federally or state assisted housing?
   Yes ☐ No ☐

2) Have you or any member of your household ever been evicted from federally assisted housing for drug-related criminal activity? Yes ☐ No ☐ If yes, list where and when: _____

3) Are you or any member of your household currently engaging in the use of illegal drugs?
   Yes ☐ No ☐

4) Have you or any member of your household ever been convicted of a felony?
   Yes ☐ No ☐ If yes, please explain: _____

5) Are you or any member of your household currently abusing alcohol? Yes ☐ No ☐

6) Have you or any member of your household been previously denied admission to this property for criminal activity that is no longer occurring? Yes ☐ No ☐
   If yes, please explain: _____

7) Are you or any member of your household subject to a lifetime registration requirement under a State Sex Offender registration program in any state? Yes ☐ No ☐

8) List all addresses where you and all other household members have previously resided. You must provide a complete list of ALL states in which any household member has resided:

_____

_____

The applicant hereby certifies that the above information is true and correct. I understand that making false statements on this form is grounds for rejection or termination of my lease. I authorize (insert name of property) to verify the above information and I consent to the release of the necessary information to determine my eligibility.

Applicant _____ Date _____

Co-Applicant _____ Date _____

Other Adult _____ Date _____

Other Adult _____ Date _____

Title18, 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 employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the purposes cited above. Any person who knowingly or willing requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subjected 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 42 U.S.C. 208 (a) (6) (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408, (a) (6) (7) and (8).

HTC FORM 600 A - ASSET SELF-CERTIFICATION

For households whose combined net assets do not exceed the applicable Imputed Income Limitation.

(Complete only one form per household; include assets of children.)

For the following asset types, include the current Cash Value of **each** asset held by any family member and the actual income that the asset earns. *Cash value is ***current*** **market value minus cost to convert** an asset to cash, such as broker's fees, settlement costs, outstanding loans, penalties for early withdrawal, etc.*****

Household Name:		Unit#:	

PART I. ASSETS DISPOSED OF FOR LESS THAN FAIR MARKET VALUE (FMV)

☐ Yes ☐ No	Within the past two (2) years, I/we have sold or given away assets below their fair market value (FMV).

Asset #1:		Date of Disposal:		FMV - amt received:	
Asset #2:		Date of Disposal:		FMV - amt received:	

PART II: FEDERAL TAX RETURN OR REFUNDABLE FEDERAL TAX CREDIT

Have you received a federal tax return or refundable federal tax credit in the last 12 months?	☐ Yes ☐ No
Amount of return/credit:	$

PART III: NON-NECESSARY PERSONAL PROPERTY (NNPP)

☐ **Yes** ☐ **No** **I/we do not have any non-necessary personal property** (Yes=True, I/we do not have NNPP. No= I/we have NNPP)

Type of Asset	**(A) Cash Value***	**(B) Annual Income**	**Type of Asset**	**(A) Cash Value***	**(B) Annual Income**
Cash on Hand	$	N/AP	Cryptocurrency	$	$
Pre-paid Debit Card (including Govt. Benefits)	$	N/AP	Money Market/ CD	$	$
Checking/Savings	$	$	Annuities	$	$
Checking/Savings	$	$	Brokerage Account	$	$
Savings	$	$	Stocks/Bonds	$	$
Internet based assets (Cash App, Venmo, PayPal, Crowdfunding, etc.)	$	$	Other: _____	$	$
Whole Life Insurance	$	$	Other: _____	$	$

Non-Account Based

Possessions not general held in an account such as vehicles used for recreation (e.g., RVs, ATVs, and Boats), antique cars, collectibles (e.g. stamps, jewelry, coins, and artwork.), and equipment/machinery that is not used to generate income for a business

Description	**(A) Cash Value ***
	$
	$
	$
	$

PART IV. REAL PROPERTY

☐ **Yes** ☐ **No** **I/we do not have any real property** (Yes=True, I/we do not have real property. No= I/we have real property)

Description of Property	**(C) Cash Value***	**(D) Income**
	$	$
	$	$

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

Signature of Applicant/Tenant _____ Date _____ Signature of Applicant/Tenant _____ Date _____

PENALTIES FOR MISUSING THIS CONTENT: 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).

WinnResidential

ACKNOWLEDGEMENT OF RECEIPT OF FORMS – WHEDA

I/We,_____, hereby certify that I/we have received the following documents. *Yo/Nosotros por la presente certificamos que yo/nosotros han recibido los siguientes documentos.*

☐ Tenant Selection Plan
Plan de Selección de Inquilinos

☐ 5380 VAWA Notice (WHEDA / HUD)
5380 Aviso VAWA (WHEDA / HUD)

☐ 5382 VAWA Notice (WHEDA / HUD)
5382 Aviso VAWA (WHEDA / HUD)

☐ Grievance Policy (WHEDA / HUD)
Póliza de quejas (*WHEDA* / HUD)

☐ COVID-19 Notice (WHEDA / HUD)
Aviso COVID-19 (*WHEDA* / HUD)

☐ Application
Aplicación

☐ Move In/Initial Certification
Certificación inicial/de entrada

☐ Denial/Rejection
Denegación/Rechazo

☐ Annual Certification
Certificación Anual

☐ Termination
Terminación

☐ Transfer
(5380 & 5382 only, unless other forms listed are not in original move in documents that are moved to new file)
Transferencia (5380 & 5382 sólo, a menos que otras formas enumeradas no están en los documentos originales que deben mover a un nuevo archivo)

_____ _____
Head of Household Signature / Firma del Jefe del Hogar Date / Fecha

_____ _____
Other Adult Signature / Firma de otro adulto Date / Fecha

_____ _____
Other Adult Signature / Firma de otro adulto Date / Fecha

_____ _____
Other Adult Signature / Firma de otro adulto Date / Fecha

WinnResidential and the apartment community listed above does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. This community provides housing on an Equal Opportunity basis. We do not discriminate on the bases of race, religion, color, sex, familial status, national origin, or disability or any other protected class in accordance with Federal, State and local laws, including sexual orientation, gender identity or marital status in admission and / or acceptance to any programs and activities. The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988).

Alicia Khasky, Senior Vice President Compliance, WinnCompanies, One Washington Mall, Suite 500, Boston, MA 02108
Telephone–Voice: 617-239-4408; Telephone–TTY: 711 (enter number 617-239-4500, when prompted)

ASSET SELF-CERTIFICATION WORKSHEET

This worksheet accompanies the Asset Self-Certification. Complete **either** Part I *or* Part II depending on the nature of the types of assets disclosed by the family on the Asset Self-Certification. When the total net family assets are less than or equal to the applicable Imputed Income Limitation, then only the actual income as disclosed on the Asset Self-Certification is included on the Tenant Income Certification (TIC).

PART I: COMPLETE THIS SECTION IF THE FAMILY *ONLY* HAS NNPP AND NO REAL PROPERTY		
Determination of Total Net Family Assets		
(1)	Enter the total of all NNPP by adding the values in (A)	$
(2)	Enter the value of any NNPP disposed of for less than FMV	$
(3)	ADD lines (1) and (2)	$
(4)	Enter the amount of a federal tax return or refundable federal tax credit in the last 12 months	$
(5)	SUBTRACT line (4) from line (3)	$
(6)	Is the value in line (5) less than or equal to $_____	☐ Yes ☐ No
	If **YES**, then proceed to **Determination of Income from Assets**	
	If **NO**, STOP the Asset Self Certification cannot be used, and each asset must be separately verified	
Determination of Income from Assets: Enter this amount on Part IVA, Line (F) of the TIC		
(7)	Enter the total by adding the values in (B)	$

PART II: COMPLETE THIS SECTION IF THE FAMILY HAS *BOTH* NNPP AND REAL PROPERTY		
Determination of Total Net Family Assets		
(1)	Enter the total of all NNPP by adding the values in (A)	$
(2)	Enter the value of any NNPP disposed of for less than FMV	$
(3)	ADD lines (1) and (2)	$
(4)	Is this value less than or equal to $_____	☐ Yes ☐ No
	If **YES**, then proceed to line (5)	
	If **NO**, STOP the Asset Self Certification cannot be used, and each asset must be separately verified	
(5)	Enter the total of all Real Property by adding the values in (C)	$
(6)	Enter the value of any Real Property disposed of for less than FMV	$
(7)	ADD lines (5) thru (6)	$
(8)	Enter the amount of a federal tax return or refundable federal tax credit in the last 12 months	$
(9)	SUBTRACT line (8) from line (7)	$
(10)	Is the value in line (9) less than or equal to $_____	☐ Yes ☐ No
	If **YES**, then proceed to **Determination of Income from Assets**	
	If **NO**, STOP the Asset Self Certification cannot be used, and each asset must be separately verified	
Determination of Income from Assets: Enter this amount from line (13) on Part IVA, Line (F) of the TIC		
(11)	Enter the total by adding the values in (B)	$
(12)	Enter the total by adding the values in (D)	$
(13)	ADD lines (11) and (12)	$

HUD Asset Threshold
FY 2024: $50,000
FY 2025: $51,600

WinnResidential

MARITAL STATUS AFFIDAVIT

PROPERTY NAME:_____

APPLICANT / RESIDENT NAME:_____UNIT #:_____

I have applied for housing under a program of the U.S. Department of Housing and Urban Development (HUD) and/or the Internal Revenue Service and understand that income/asset verification is required for ALL household members.

I hereby certify that I am (please initial below):

_____ ☐ Married

_____ ☐ Never Married

_____ ☐ Widow

_____ ☐ Separated
Name of Spouse:_____ Date of Separation:_____

_____ ☐ Divorced
Name of Spouse:_____ Date of Divorce:_____
(A copy of the divorce decree must be provided if divorce was within the past 3 years)

_____ ☐ Decline to Disclose

Due to a marital separation or divorce, I certify that my spouse / ex-spouse is NOT a member of this household and WILL NOT be living in the apartment.

Circle (a) or (b) as applicable:

a) I am NOT and WILL NOT be receiving any form of spousal contribution to my household.

b) I AM or DO anticipate receiving spousal contributions to my household in the amount of $_____ per month. Should this amount change, I will notify Management of the new amount.

_____ I understand that a condition of the regulatory program governing this housing community requires prior notification to Management of any potential change in household status. Eligibility for continued participation in the program must be certified before the approval of any additional household members.

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 understands that providing false representation or misleading information herein constitutes an act of fraud. False, misleading or incomplete information may result in the denial of the application or termination of a lease agreement.

_____ _____
Applicant / Resident Signature Date

Race and Ethnic Data Reporting Form

U.S. Department of Housing and Urban Development
Office of Housing

OMB Approval No. 2502-0204
(Exp. 06/30/2017)

Name of Property **Project No.** **Address of Property**

Name of Owner/Managing Agent **Type of Assistance or Program Title:**

Name of Head of Household **Name of Household Member**

Date (mm/dd/yyyy)**:** _____

Ethnic Categories*	**Select One**
Hispanic or Latino	☐
Not-Hispanic or Latino	☐
Racial Categories*	**Select All that Apply**
American Indian or Alaska Native	☐
Asian	☐
Black or African American	☐
Native Hawaiian or Other Pacific Islander	☐
White	☐
Other	☐

***Definitions of these categories may be found on the reverse side.**

There is no penalty for persons who do not complete the form.

_____ _____
Signature **Date**

Public reporting burden for this collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.
This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be incompliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify' during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provide and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does no require any special protection.

HTC Form 800 A
STUDENT SELF-CERTIFICATION

This annual Student Self-Certification is in connection with the undersigned's application/occupancy in the following apartment:

Head of Household Name: _____ Unit No. if assigned: _____

Development Name and Address: _____

Move-in Date if applicable: _____ Effective Date: _____

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

A. ☐ Household contains at least one occupant who is not a student 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 this item is checked, no further information is needed **(Do not answer questions 1-5)**. Sign and date below.

B. ☐ 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. (Part-time is defined as any amount of schooling that is not considered full-time by the applicable educational institution.) Verification of part-time student status is required for at least one occupant. If this item is checked, no further information is needed **(Do not answer questions 1-5)**. Sign and date below.

C. ☐ Household contains <u>all</u> 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 this item is checked, 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) ☐ YES ☐ NO
2. Is at least one student a single parent with child(ren) *and* this parent is not a dependent of someone else, *and* the child(ren) is/are not dependent(s) of someone other than a parent? (attach student's most recent tax return and, if applicable, divorce/custody decree or other parent's most recent tax return) ☐ YES ☐ NO
3. Is at least one student receiving Temporary Assistance to Needy Families (TANF)? (provide release of information for verification purposes) ☐ YES ☐ 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) ☐ YES ☐ 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) ☐ YES ☐ NO

*Full-time student households that satisfy any one of the above conditions are considered eligible. If C is checked and questions 1-5 are marked **NO** or verification does not support the exception indicated, the household is considered ineligible.*

Under penalties of perjury, I/we certify that the information presented in this Annual Student Certification is true and accurate to the best of my/our knowledge and belief. I/we agree to notify management immediately of any changes in this household's student status. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of the lease agreement.

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

Printed Name	Signature	Date

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