

RESIDENT ELIGIBILITY APPLICATION (REA)

(12/20)

Property Name			Unit Number
Household Name			
Current Household Size	Number of Bedrooms	Effective Date of Certification	Original Certification Date
Certification Type <input type="checkbox"/> Initial Certification <input type="checkbox"/> Re-Certification			

THE FOLLOWING SECTION IS TO BE COMPLETED ENTIRELY BY THE APPLICANT/RESIDENT

DIRECTIONS: Please complete the table below listing each member of the household. Include all members who you anticipate will live in the unit at least 50% of the time during the next 12 months.

* This property has requested your Social Security number on this and other forms. Internal Revenue Service regulations allow us to ask for this information. Your Social Security number will be used for income eligibility verification purposes only. Equivalent identification would be a Work Visa, Alien Registration Receipt Card, Temporary Resident Card, IRS Individual Taxpayer Identification Number (ITIN), or Employment Authorization Card. Failure to provide your Social Security number or equivalent number could hinder or delay this property's ability to review your application for housing.

** A full-time student is anyone currently enrolled, expects to become enrolled or was previously enrolled for any part of 5 months in the calendar year. The five months need not be consecutive. Include grades K-12, college, university, technical, trade and mechanical schools. International students on a student visa are considered full-time students.

HOUSEHOLD COMPOSITION

Household Member	First Name	Last Name	MI	Date of Birth	SSN *Last 4 Digits	Student Status**
Head						<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A
1						<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A
2						<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A
3						<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A
4						<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A
5						<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A
6						<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A
7						<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A

Complete a separate section for each employment source

Household Member Name		Occupation			
Name of Employer		Employer Telephone Number	Employer Fax or Email Address		
Street Address of Employer		City	State	ZIP Code	
Date Hired	Salary	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other			Hours Per Week

Household Member Name		Occupation			
Name of Employer		Employer Telephone Number	Employer Fax or Email Address		
Street Address of Employer		City	State	ZIP Code	
Date Hired	Salary	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other			Hours Per Week

All Adult household members must complete separate pages 2-4 of the REA. Adults should list all their income/assets for the next 12-month period beginning on the anticipated date of move-in or recertification.

Property Name	Unit Number
Household Member Name	
Household Member (please check one) <input type="checkbox"/> Head <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	

INCOME INFORMATION

	Yes	No		Annual Gross Income
1.	<input type="checkbox"/>	<input type="checkbox"/>	I have a job or a verifiable start date within the next 12 months and receive wages, salary, overtime pay, commissions, fees, tips, bonuses, and/or other compensation: Annual Gross Regular Wages/Salary Annual Overtime Annual Bonus/Commission/Tips	\$ \$ \$
2.	<input type="checkbox"/>	<input type="checkbox"/>	I am presently employed at an additional job. (NOT self-employed)	\$
3.	<input type="checkbox"/>	<input type="checkbox"/>	I am self-employed. (Attach signed tax return and appropriate schedules) Name of Business:	\$ (use net income from business)
4.	<input type="checkbox"/>	<input type="checkbox"/>	I earn income from online sources (Including but not limited to the following activities: video gaming, blogging, teaching, reselling items, paid surveys, investing (Twitch, YouTube, Amazon, E-Bay, Etsy, Swagbucks, etc.)) If yes, explain	\$
5.	<input type="checkbox"/>	<input type="checkbox"/>	I am receiving, have applied or will apply in the next 12 months: (check all that apply) <input type="checkbox"/> Social Security (SSA); <input type="checkbox"/> Supplemental Social Security (SSI);	\$
6.	<input type="checkbox"/>	<input type="checkbox"/>	The household receives unearned income from family members age 17 or under (example: Social Security, trust fund disbursements, bank accounts, etc.). Name of Member(s):	\$
7.	<input type="checkbox"/>	<input type="checkbox"/>	Do you receive child support? *If NO and there are children in the household, are you eligible for child support, or is there a court order for child support? <input type="checkbox"/> Yes <input type="checkbox"/> No Number of court-ordered child support cases:	\$
8.	<input type="checkbox"/>	<input type="checkbox"/>	I receive alimony/spousal payments.	\$
9.	<input type="checkbox"/>	<input type="checkbox"/>	I receive Public Assistance Income (TANF)	\$
10.	<input type="checkbox"/>	<input type="checkbox"/>	I receive unemployment, workers comp (L&I) or disability benefits (not SSI).	\$
11.	<input type="checkbox"/>	<input type="checkbox"/>	I am a member of the Armed Forces (Active, National Guard or Reserves).	\$
12.	<input type="checkbox"/>	<input type="checkbox"/>	I am receiving income from a pension, annuity, retirement fund, insurance policy payments, death benefits or Veteran's Benefits (not GI Bill benefits). Source of Benefits: a.) b.)	\$ \$
13.	<input type="checkbox"/>	<input type="checkbox"/>	I am receiving money regularly from family, church, friends, or any other form or regular/periodic income (such as rent and utility payments).	\$
14.	<input type="checkbox"/>	<input type="checkbox"/>	I receive rental income (attach signed tax return with Schedule E).	\$

15.	<input type="checkbox"/>	<input type="checkbox"/>	I hold a contract for real estate sold. If yes, provide a copy of the contract and an amortization schedule. (Only count interest portion of payment.)	\$
16.	<input type="checkbox"/>	<input type="checkbox"/>	I have income or sources of income, other than those listed above. If yes, list type below: a.) b.)	\$ \$

ASSET INFORMATION

	Yes	No		Balance or Value	Interest Earned
17.	<input type="checkbox"/>	<input type="checkbox"/>	I have a checking account(s). If yes, list bank(s) a.) b.)	\$ \$	\$ \$
18.	<input type="checkbox"/>	<input type="checkbox"/>	I have a savings account(s). If yes, list bank(s) a.) b.)	\$ \$	\$ \$
19.	<input type="checkbox"/>	<input type="checkbox"/>	I have a Money Market account(s). If yes, list sources/bank names a.) b.)	\$ \$	\$ \$
20.	<input type="checkbox"/>	<input type="checkbox"/>	I have treasury bills, certificate(s) of deposit (CDs), or stocks/bonds (NOT held in a retirement account). If yes, list sources/bank names a.) b.)	\$ \$	\$ \$
21.	<input type="checkbox"/>	<input type="checkbox"/>	I have a trust fund. <input type="checkbox"/> Revocable <input type="checkbox"/> Non-Revocable If yes, list bank(s)/trustee	\$	\$
22.	<input type="checkbox"/>	<input type="checkbox"/>	I have an IRA/Keogh Account/401K. If yes, list financial entity(ies) a.)	\$	\$
23.	<input type="checkbox"/>	<input type="checkbox"/>	I have a pension or annuity asset. (NOT receiving income currently.) If yes, list banks a.)	\$	\$
24.	<input type="checkbox"/>	<input type="checkbox"/>	I <input type="checkbox"/> own <input type="checkbox"/> or am in the process of selling or <input type="checkbox"/> have sold real estate in the last 2 years. If yes, attach explanations and supporting documentation.	\$	\$
25.	<input type="checkbox"/>	<input type="checkbox"/>	I have a whole life or universal life insurance policy. If yes, how many policies?	\$	\$
26.	<input type="checkbox"/>	<input type="checkbox"/>	I own personal property held strictly as investment assets (arts, coins, etc.) If yes, attach appraisals.	\$	\$
27.	<input type="checkbox"/>	<input type="checkbox"/>	I have disposed of assets within the last two years for less than fair-market value. If yes, attach explanation.	\$	\$
28.	<input type="checkbox"/>	<input type="checkbox"/>	I have online financial accounts, including but not limited to: Peer lending, real estate investing, robo investing, crypto currency. (Venmo, Pay Pal, Fundrise, Lending Club, Robinhood, Acorn, Stash, etc.) a.) b.)	\$ \$	\$ \$
29.	<input type="checkbox"/>	<input type="checkbox"/>	I have funds not held in a financial institution.	\$	\$

30.	<input type="checkbox"/>	<input type="checkbox"/>	I have assets other than those listed above. If yes, list type below:		
			a.)	\$	\$
			b.)	\$	\$

I understand that any changes to my household income and/or composition after the date of my signature but prior to initial occupancy must be disclosed immediately to management staff.

Under penalty of perjury, I certify that the information presented in this application is true and accurate to the best of my knowledge and belief. I further understand that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of the lease agreement and/or prosecution.

Signatures must be those of the Applicant/Resident, except where Power of Attorney (POA) documentation authorizes another individual to sign legal documents. If so, copies of current POA, government-issued photo ID, and address and phone number of the POA must be included in the certification.

Applicant/Resident Signature	Print Application/Resident Name	Date
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I certify that I have observed the above-signed Applicant/Resident complete, sign, and date this document.

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

I certify that I have assisted the above-signed Applicant/Resident complete this document as a reasonable accommodation.

Third Party Signature	Print Third Party Name	
Relationship	Telephone Number	Date