



REHAB INFORMATION

Whitney Woods

1. Property Information Sheet
2. Income Limits / Max Rents
3. File Checklists
- 4. Resident Welcome Letter**
5. Forms

WHITNEY WOODS

TDC: \$4,471,519

Target Population: Family

Unit Count: 40 units

PROGRAM RESTRICTIONS (See unit breakdown below)

- KHC HOME - Floating units, High HOME Income 60% & HH Rent Limit, Low HOME 50% Income & LH Rent limit
- LIHTC- 60% AMI Rent & Income Limit
- Lexington AHTF - 40 units at or below 60% AMI, 15 year deed restriction.

Whitney Woods			
Unit type	# of Units	Rent Restriction Program	Contract Rent (excludes utilities)
2bdrm	25	Housing Credit 60 % Rents	\$686
2bdrm	4	High HOME Rents - KHC	\$648
2bdrm	1	Low HOME Rents - KHC	\$640
3bdrm	7	Housing Credit 60% Rents	\$725
3bdrm	2	High HOME Rents - KHC	\$726
3bdrm	1	Low HOME Rents - KHC	\$726



*Whitney Woods
60% Income/Rent
6 H HOME
2 LOW HOME
100% AHAF @ 60% AMI*

Rent & Income Limit Calculator ©

Beta - Test Version

The Rent & Income Limit Calculator© has been updated for the FY 2018 HUD Income Limits and is being released in Beta form. The Rent & Income Limit Calculator© is still being tested for potential errors or calculation issues. **Before using the numbers from the Rent & Income Limit Calculator©, we strongly recommend that you check with the applicable state housing agency to verify that the state agrees with the numbers.**

If you would like to engage Novogradac & Company LLP to calculate the rent & income limits for your property, please contact Thomas Stagg at thomas.stagg@novoco.com.

You can view demographic information and a detailed list of affordable housing properties in [compsMART+](#).

Click on the icons below to view historical charts.

Program and Location Information

HUD Published Income Limits for 2018 (with no adjustments)

Display Income Limits Hide Income Limits

Affordable Housing Program
IRS Section 42 Low-Income Housing Tax Credit (LIHTC)

Year (1)(2) 2018 (effective 04/01/18)

State KY

County Fayette County

MSA Lexington-Fayette, KY MSA

Persons / Bedroom 1.5 Person / Bedroom













4-person AMI \$70,100

National Non-Metropolitan Median Income (3)(4) \$58,400







Hold Harmless (6) You have indicated that your project was placed in service on or after 04/01/2018 and is therefore eligible to have its income and rent limit held harmless beginning with the 2018 limits.

Placed in Service Date (7) On or after 04/01/2018.

LIHTC Income Limits for 2018
(Based on 2018 MTSP Income Limits)

	Charts	60.00%	50.00%	140.00%
1 Person		29,460	24,550	41,244
2 Person		33,660	28,050	47,124
3 Person		37,860	31,550	53,004
4 Person		42,060	35,050	58,884
5 Person		45,480	37,900	63,672
6 Person		48,840	40,700	68,376
7 Person		52,200	43,500	73,080
8 Person		55,560	46,300	77,784
9 Person		58,860	49,050	82,404
10 Person		62,220	51,850	87,108
11 Person		65,640	54,700	91,896
12 Person		69,000	57,500	96,600

LIHTC Rent Limits for 2018
(Based on 2018 MTSP/VLI Income Limits)

Bedrooms (People)	Charts	60.00%	50.00%	FMR
Efficiency (1.0)		736	613	568
1 Bedroom (1.5)		789	657	639
2 Bedrooms (3.0)		946	788	820
3 Bedrooms (4.5)		1,094	911	1,159
4 Bedrooms (6.0)		1,221	1,017	1,444
5 Bedrooms (7.5)		1,347	1,122	

U.S. DEPARTMENT OF HUD 04/11/2017
STATE: KENTUCKY

PROGRAM	2017 ADJUSTED HOME INCOME LIMITS							
	1 PERSON	2 PERSON	3 PERSON	4 PERSON	5 PERSON	6 PERSON	7 PERSON	8 PERSON
Meade County, KY HUD Metro FMR Area								
30% LIMITS	11700	13350	15000	16650	18000	19350	20650	22000
VERY LOW INCOME	19450	22200	25000	27750	30000	32200	34450	36650
60% LIMITS	23340	26640	30000	33300	36000	38640	41340	43980
LOW INCOME	31100	35550	40000	44400	48000	51550	55100	58650
Evansville, IN-KY MSA								
30% LIMITS	13800	15750	17700	19650	21250	22800	24400	25950
VERY LOW INCOME	22950	26200	29500	32750	35400	38000	40650	43250
60% LIMITS	27540	31440	35400	39300	42480	45600	48780	51900
LOW INCOME	36700	41950	47200	52400	56600	60800	65000	69200
Huntington-Ashland, WV-KY-OH HUD Metro FMR Area								
30% LIMITS	11000	12600	14150	15700	17000	18250	19500	20750
VERY LOW INCOME	18350	21000	23600	26200	28300	30400	32500	34600
60% LIMITS	22020	25200	28320	31440	33960	36480	39000	41520
LOW INCOME	29350	33550	37750	41900	45300	48650	52000	55350
Lexington-Fayette, KY MSA								
30% LIMITS	14000	16000	18000	20000	21600	23200	24800	26400
VERY LOW INCOME	23350	26650	30000	33300	36000	38650	41300	44000
60% LIMITS	28020	31980	36000	39960	43200	46380	49560	52800
LOW INCOME	37350	42650	48000	53300	57600	61850	66100	70400
Louisville, KY-IN HUD Metro FMR Area								
30% LIMITS	13950	15950	17950	19900	21500	23100	24700	26300
VERY LOW INCOME	23250	26600	29900	33200	35900	38550	41200	43850
60% LIMITS	27900	31920	35880	39840	43080	46260	49440	52620
LOW INCOME	37200	42500	47800	53100	57350	61600	65850	70100
Shelby County, KY HUD Metro FMR Area								
30% LIMITS	15400	17600	19800	22000	23800	25550	27300	29050
VERY LOW INCOME	25700	29350	33000	36650	39600	42550	45450	48400
60% LIMITS	30840	35220	39600	43980	47520	51060	54540	58080
LOW INCOME	41100	46950	52800	58650	63350	68050	72750	77450
Owensboro, KY MSA								
30% LIMITS	11900	13600	15300	16950	18350	19700	21050	22400
VERY LOW INCOME	19800	22600	25450	28250	30550	32800	35050	37300
60% LIMITS	23760	27120	30540	33900	36660	39360	42060	44760
LOW INCOME	31650	36200	40700	45200	48850	52450	56050	59700

U. S. DEPARTMENT OF HUD 04/2017
STATE: KENTUCKY

----- 2017 HOME PROGRAM RENTS -----

PROGRAM	EFFICIENCY	1 BR	2 BR	3 BR	4 BR	5 BR	6 BR
Elizabethtown, KY HUD Metro FMR Area							
LOW HOME RENT LIMIT	530	566	707	816	911	1005	1099
HIGH HOME RENT LIMIT	530	566	752	1095	1204	1309	1415
For Information Only:							
FAIR MARKET RENT	530	566	752	1095	1325	1524	1723
50% RENT LIMIT	550	589	707	816	911	1005	1099
65% RENT LIMIT	741	796	957	1096	1204	1309	1415
Meade County, KY HUD Metro FMR Area							
LOW HOME RENT LIMIT	482	520	625	721	805	888	971
HIGH HOME RENT LIMIT	482	536	713	991	1086	1180	1273
For Information Only:							
FAIR MARKET RENT	482	536	713	1038	1256	1444	1633
50% RENT LIMIT	486	520	625	721	805	888	971
65% RENT LIMIT	670	719	866	991	1086	1180	1273
Evansville, IN-KY MSA							
LOW HOME RENT LIMIT	566	605	737	851	950	1048	1146
HIGH HOME RENT LIMIT	566	605	787	985	1085	1248	1411
For Information Only:							
FAIR MARKET RENT	566	605	787	985	1085	1248	1411
50% RENT LIMIT	573	614	737	851	950	1048	1146
65% RENT LIMIT	800	858	1032	1183	1300	1416	1532
Huntington-Ashland, WV-KY-OH HUD Metro FMR Area							
LOW HOME RENT LIMIT	465	514	617	712	795	877	959
HIGH HOME RENT LIMIT	465	569	697	924	1011	1097	1184
For Information Only:							
FAIR MARKET RENT	465	569	697	944	1134	1304	1474
50% RENT LIMIT	480	514	617	712	795	877	959
65% RENT LIMIT	625	671	808	924	1011	1097	1184
Lexington-Fayette, KY MSA							
LOW HOME RENT LIMIT	528	605	767	886	990	1091	1193
HIGH HOME RENT LIMIT	528	605	775	1108	1300	1416	1532
For Information Only:							
FAIR MARKET RENT	528	605	775	1108	1366	1571	1776
50% RENT LIMIT	597	640	767	886	990	1091	1193
65% RENT LIMIT	800	858	1032	1183	1300	1416	1532
Louisville, KY-IN HUD Metro FMR Area							
LOW HOME RENT LIMIT	551	628	753	871	972	1072	1172
HIGH HOME RENT LIMIT	551	629	793	1085	1230	1391	1504
For Information Only:							
FAIR MARKET RENT	551	629	793	1085	1230	1415	1599
50% RENT LIMIT	586	628	753	871	972	1072	1172
65% RENT LIMIT	785	843	1013	1162	1278	1391	1504

For all HOME projects, the maximum allowable rent is the HUD calculated High HOME Rent Limit and/or Low HOME Rent Limit.



Our People, First.

Dear Resident,

Exciting News! As you may already be aware, your building is going to undergo a rehabilitation to help beautify the property and upgrade your unit.

As part of the rehabilitation process, we must ensure that all residents remain qualified to reside in their units. In order to do this, we need you to fill out some paperwork. This process will be very similar to when you complete your recertifications annually.

Please complete the attached forms and return them to the site manager as soon as possible so we may begin your qualification process.

Keep in mind the following while completing the enclosed packet::

- Fill the forms out completely! Do not leave anything blank.
- N/A cannot be accepted as an answer.
- When you return your forms, bring copies of any benefit letters (social security, SSI, KTAP, etc.) that you may have. If you have a direct pay card for KTAP, child support, social security, SSI or employment, please bring a receipt that shows your current balance.

More information will be provided regarding the details of the rehab process in the coming weeks. If at any time in this process you have questions, please contact your property manager.

We are happy to be able to provide you with a wonderful place to live and look forward to serving you.

Delivered to door on: _____ By: _____

Please complete this form in your own handwriting. Use the correct legal name for each household member as it appears on the Social Security Card. Please write in blue or black ink only. Do not use whiteout – using white out will cause you to have to complete this form again. Do not leave anything blank.

Property Name _____ Unit Number _____

1. FAMILY COMPOSITION AND PERSONAL INFORMATION

Head of Household Name	Date of Birth	Social Security Number
What is your marital status? (check one) <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
What is your student status? (check one) <input type="checkbox"/> Not a student <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time		
If you are a student, please list school name: _____		
Provide your contact information: Phone: _____ Email: _____		

OTHER HOUSEHOLD MEMBERS WHO WILL BE LIVING WITH YOU

Name	Date of Birth	Social Security #	Relationship	Full Time Student (Y or N)	Marital status, if 18 or older

2. INCOME AND EMPLOYMENT

Is anyone in your household employed or self employed? Yes No (If yes, please list information below:

Household Member	Employer	Start Date	Gross Monthly \$	Contact Info(Name and #)

Do you or anyone in your household receive income from any of the following? Answer each question yes or no.

Source	Yes or No	Member (s)	Monthly Amount \$
Social Security	<input type="checkbox"/> Yes <input type="checkbox"/> No		
SSI	<input type="checkbox"/> Yes <input type="checkbox"/> No		
KTAP	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Pension	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Alimony	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Unemployment	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Worker's Comp	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Military Pay	<input type="checkbox"/> Yes <input type="checkbox"/> No		
VA Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Are you legally entitled to receive child support? Yes No If yes, how much are you awarded? _____
 Do you receive child support (legally or informally)? Yes No If yes, how much do you receive? _____
 Do you or anyone in your household have any other income not listed above? Yes No If yes, please specify type of income and amount: _____
 Does anyone help you pay your bills? Yes No Is yes, list who helps and the amount: _____
 Does an adult member of the household have no income? Yes No If Yes, who? _____



3. ASSETS

Do you or anyone in your household have any of the following assets? Answer each question yes or no.

Asset Type	Yes or No	Member	Description
Checking Account	<input type="checkbox"/> Yes <input type="checkbox"/> No		Bank Name: 6 Mth. Average
Savings Account	<input type="checkbox"/> Yes <input type="checkbox"/> No		Bank Name: Current Balance:
Certificate of Deposit	<input type="checkbox"/> Yes <input type="checkbox"/> No		Bank Name: Cash Value:
Cash On Hand	<input type="checkbox"/> Yes <input type="checkbox"/> No		How Much?
Stocks/Bonds/Annuities	<input type="checkbox"/> Yes <input type="checkbox"/> No		Held With: Cash Value:
Money Market Account	<input type="checkbox"/> Yes <input type="checkbox"/> No		Held With: Cash Value:
Retirement/401K	<input type="checkbox"/> Yes <input type="checkbox"/> No		Held With: Cash Value:
Life Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No		Held With: Cash Value:
Do you have any of the following direct deposit cards? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, check any that apply and list balance			
<input type="checkbox"/> Payroll Card <input type="checkbox"/> KTAP <input type="checkbox"/> Direct Express <input type="checkbox"/> Child Support <input type="checkbox"/> Other _____			
Balance on card: \$ _____			
Are there any other assets that may not be listed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: _____			
Do you or anyone in your household own a home? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please check the current status/intention			
<input type="checkbox"/> Keeping <input type="checkbox"/> Selling <input type="checkbox"/> Renting <input type="checkbox"/> Foreclosure <input type="checkbox"/> Giving Away			
Have you or anyone in your household disposed of any assets by giving them away or transferring ownership within the last two years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify _____			

4. EXPENSES

List current monthly expenses, not including rent. Enter N/A for anything that does not apply. Do not leave blanks.

Auto	\$	Child Care	\$	Telephone	\$
Medical (premium/copay)	\$	Insurance (car, renters)	\$	Cable	\$
Loans	\$	Food	\$	Credit Cards	\$
Life Insurance	\$	Mortgage	\$	Other	\$

5. GENERAL INFORMATION

Do you have any vehicles? Yes No If yes, please list below:

Make/Model	Year	Color	Tag	State	VIN

All adult household members must sign and date below:

Head of Household Signature		Date	
Adult Household Member Signature		Date	
Adult Household Member Signature		Date	





TENANT RELEASE AND CONSENT

I authorize and direct any Federal, State, local agency, organization, business or individual to release and verify my application for participation and/or to maintain my continued occupancy under the Low Income Housing Tax Credit program. I understand and agree that this authorization or the information obtained with its use may be given to and used by the above agencies in administering and enforcing program rules and policies. I also consent for the agencies above to release information from my file about my rental history to credit bureaus, collection agencies and future landlords. This includes records on my payment history and any violations of my lease or occupancy policies.

INFORMATION COVERED

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to, personal identity; employment, income and assets; medical or child care allowances. I/We understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my/our eligibility for and continued participation as a qualified tenant.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

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

- | | |
|--|--------------------------------|
| Past & Present Employers | Welfare Agencies |
| Previous Landlords (including Public Housing Agencies) | State unemployment Agencies |
| Support and Alimony Providers | Retirement systems |
| Medical and Child Care Providers | Social security administration |
| Credit/Background/Lifetime sex offender | Veteran's administration |
| Banks & Other Financial Institutions | |

CONDITIONS

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and will stay in effect for a year and one month from the date signed. I/We understand I/we have a right to review this file and correct any information that is incorrect

SIGNATURES

_____	_____	_____
Applicant/Resident	Print Name	Date
_____	_____	_____
Co-applicant/Resident	Print Name	Date
_____	_____	_____
Adult Member	Print Name	Date
_____	_____	_____
Adult Member	Print Name	Date

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

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful, false statements of misrepresentation to any department or agency of the U.S. or to any matter within its jurisdiction.



- Winterwood, Inc. is an Equal Opportunity Provider and Employer -





Our People, First.

Tax Credit Rehab Preapproval Checklist

This packet should be used only for existing tenants

Property name		Tenant Name	
Unit Number		Effective Date	

- Tenant Certification (TIC) - this may be handwritten until Onsite and TDCS is set up for your property and ready to use.
- Personal Declaration
- Authorization Form
- Income Worksheet
- Income Verifications
- Asset Worksheet
- Asset Verifications
- Under \$5,000 Asset Form if applicable
- Student Eligibility Certification
- Student Verifications - if any household members are students. Must use CTC Form
- HOME Units - HOME Conflict of Interest Form

When sending in your packet, the following guidelines must be used or the packet will not be accepted:

- Send from property email address and not from personal email address
- Send to complianceuser@winterwoodonline.com
- Subject line: REHAB Approval, Property Name, Tenant Name, Unit Number

ONCE APPROVED SEND THE FOLLOWING:

1. Signed TIC
2. Signed Lease Addendum
3. Completed Supplement Information Form
4. URLTA Summary & Addendum
5. Send to complianceuser@winterwoodonline.com
6. Subject line: REHAB Final, Property Name, Tenant Name, Unit Number



Winterwood, Incorporated is an equal opportunity provider and employer





Our People, First.

Tax Credit Rehab Final Checklist

Property name		Tenant Name	
Unit Number		Effective Date	

Items in bold are to be sent as the final paperwork. The full checklist is to be used to put the Tax Credit file together. You do not need to resend the entire packet - just the items in bold

- Signed & Dated Tenant Certification (TIC)** - this may be handwritten until Onsite and TDCS is set up for your property and ready to use. Once it is set up, the information must be entered, the tenant must sign and date. These will need to be sent back in.
- Lease Amendment**
- Supplemental Information Form**
- Personal Declaration
- Authorization Form
- Income Worksheet
- Income Verifications
- Asset Worksheet
- Asset Verifications
- Student Eligibility Certification
- Student Verifications - if any household members are students
- HOME Units (only applies to Madisonville) - HOME Conflict of Interest Form
- HOME Units (only applies to Madisonville) - HOME Lease**
- Tax Credit Lease Addendum**

When sending in your packet, the following guidelines must be used or the packet will not be accepted:

- Send from property email address and not from personal email address
- Send to complianceuser@winterwoodonline.com
- Subject line: REHAB Final, Property Name, Tenant Name, Unit Number
- Only send items in bold as the final packet



Winterwood, Incorporated is an equal opportunity provider and employer



Pre-approval Checklist for new move ins

Property Name:		Unit #:	
Applicant Name:		Effective Date:	

When sending approvals, follow this procedure:

1. CTC (Whitney Woods) or HUD (Cedar Crag / Holly Point) Approval packet must be sent to first as your normally do.
Wait for approval from CTC or HUD
2. Once approved by CTC or HUD send tax credit packet to complianceuser@winterwoodonline.com.
In subject line: REHAB Approval, Property Name, Tenant Name, Unit Number
Include your CTC or HUD approval sheet in the email.
Wait for TC approval - once approved by both, the move in can be completed

All emails must come from the property email address and not a personal email address

Tax Credit Checklist for Rehab Move In Approval

- TIC - in trial stage
- Application
- Authorization for release of information
- Income worksheet - including paystub calculator if calculating employment income
- Income verifications
- Asset worksheet
- Asset verifications
- Student Eligibility Certification
- Student verification - if student/must use CTC form for tax credit file
- HOME Units Only - HOME Conflict of Interest Form
- Landlord verification/personal reference sheet
- Criminal history report / credit report (and copy of supervisor approval if required)
- Copies of birth certificates (members under 18)
- Copies of social security cards on all members
- Copies of photo identification cards (members 18 and older)

Once move in occurs, send the usual move in packet to CTC or HUD. Send the final paperwork for tax credit to complianceuser@winterwoodonline.com.

In the subject line: REHAB Final, Property Name, Tenant Name, Unit Number

- TIC - Signed and dated
- Supplemental Information Form
- Lease Agreement - printed from Onesite
- Tax Credit Lease Addendum
- URLTA Summary & Addendum



Winterwood, Incorporated is an equal opportunity provider and employer



Move In Checklist for new move ins (Greystone Rehab)

This checklist is to be used for properties undergoing the Tax Credit Rehab with Graystone.

Property Name:		Unit #:	
Resident Name:		Effective Date:	

When sending move in paperwork, follow this procedure:

1. RD Move In packet must be sent to rd@winterwoodonline.com first.
In subject line: Property name, Applicant Name, Unit Number, Move In Paperwork
2. Send tax credit packet as listed below to complianceuser@winterwoodonline.com.
In subject line: REHAB Final, Property Name, Tenant Name, Unit Number
The items in **bold** are the move in packet and must be sent in as the move in paperwork.
The checklist itself is how your tax credit file must be put together.

All emails must come from the property email address and not a personal email address

Checklist for Tax Credit File (bold items are sent as move in paperwork)

- TIC - signed and dated**
- TDCS TIC - signed and dated**
- Application
- Authorization for Release Of Information
- Income Worksheet
- Income Verifications
- Asset Worksheet
- Asset Verifications
- Student Eligibility Certification
- Student Verifications (if student)
- Supplemental Information Form**
- Lease Agreement - printed from Onesite (Madisonville must use HOME lease)**
- Tax Credit Lease Addendum**
- HOME Units (only applies to Madisonville) - HOME Conflict of Interest Form
- VAWA Lease Addendum - must obtain separately**
- Live in aide agreement-if applicable**
- Service animal agreement-if applicable**
- Pet policy-if applicable**
- Fire safety/hot water heater addendum**
- Security deposit agreement**
- Security deposit payment agreement-if applicable**
- Move in inspection form**
- Receipt of lease documents**
- Landlord verification/personal reference sheet
- Criminal history report / credit report (and copy of supervisor approval if required)
- Copies of birth certificates (members under 18)
- Copies of social security cards on all members
- Copies of photo identification cards (members 18 and older)
- Any corrections requested on pre-approval**



UNDER \$5,000 ASSET CERTIFICATION

For households whose combined net assets are less than \$5,000.00
Complete only one form per household; include assets of children

Applicant/Tenant: _____ **Unit #:** _____

Complete 1 or 2:

1. I/we do not have any assets at this time (skip to #5)
2. I/we do have assets as follows:

Cash on hand	\$ _____	
Balance on prepaid debit card	\$ _____	Interest/Dividend Income: _____
Avg 6 mo checking acct balance	\$ _____	Interest/Dividend Income: _____
Current savings acct balance	\$ _____	Interest/Dividend Income: _____
401k/IRA/CD/Money Market	\$ _____	Interest/Dividend Income: _____
Stocks/Bonds/Retirement	\$ _____	Interest/Dividend Income: _____
Life Insurance (except Term)	\$ _____	Interest/Dividend Income: _____
Safe Deposit Box	\$ _____	Interest/Dividend Income: _____
Equity in Real Estate	\$ _____	Rental Income: _____
Lump Sum Amounts received	\$ _____	<i>i.e. lottery/inheritance/insurance/lawsuit</i>
Other:	\$ _____	Interest/Dividend Income: _____
Other:	\$ _____	Interest/Dividend Income: _____
Other:	\$ _____	Interest/Dividend Income: _____

- For all assets list the cash value which is the market value minus the cost of converting the asset to cash such as broker fees, settlement costs, outstanding loans, early withdrawal penalties, etc.
- List only amounts accessible to the household members. For instance, do not list pension or retirement account balances that cannot be accessed without terminating employment
- Do not list necessary personal property such as clothing, furniture, televisions, etc.
- Include any personal property held as an investment such as artwork, antique cars, coin collections, gems, etc.

3. The net household assets above are less than \$5,000.0 YES NO
4. Total annual income from all assets is: _____
5. In the past 2 years I/we have sold or given away assets (such as cash, real estate, etc.) for less than fair market value: YES NO
 If YES list asset disposed: _____ Date of disposal: _____
 Fair market value: _____ Amount received: _____

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

(Signature of Tenant)	Date
(Signature of Tenant)	Date
(Signature of Tenant)	Date
(Signature of Tenant)	Date



UNEMPLOYED STATUS AFFIDAVIT

Unit # _____

Please complete either Section A, B, or C as applicable. All Adults who are unemployed must complete this form.

Section A

I (printed name), _____ state that I am currently Unemployed and that I do not anticipate becoming employed within the next twelve months.

Section B

I (printed name), _____ state that I am currently unemployed but am aware of an employment start date of _____ at \$_____ per _____.

Section C

I (printed name), _____ state that I am currently unemployed. I am not aware of a start date at this time. However, I anticipate becoming employed in the upcoming 12 months. Based upon my prior employment history and educational training, I anticipate earning \$_____ from anticipated employment over the next twelve months.

(Please supply documentation to support this, such as previous tax returns and/or W-2)

I certify that the information given above is true to the best of my knowledge and that any misrepresentation of information will lead to cancellation and/or rejection of my application for tenancy. I am signing this under penalty of perjury.

Applicant/Tenant _____ Date _____

Witness _____ Date _____



Winterwood, Incorporated is an equal opportunity provider and employer





Student Eligibility Certification

Head of Household Name: _____

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, or mechanical schools, but does not include those attending-on-the-job training courses):

- A. Household contains at least one occupancy who is not a student, has not been a student, and will not be a student for five or more months during the current and/or upcoming calendar year (months need not be consecutive). If this item is checked, no further information is needed.

- B. Household contains all students, but is qualified because the following occupant(s) _____ is/are a part-time student(s). Documentation of part time student status is required for at least one member of the household.

- C. Household contains all full-time students for five or more months during the current and/or upcoming calendar year (months need not be consecutive). If this item is checked, one of the below exceptions must be met.

Please check the exception that applies:

The household qualifies because the individual student (select one and verify):

- Is receiving assistance under title IV of the Social Security Act
- Was previously under the care and placement responsibility of the state agency responsible for administering foster care
- Is enrolled in a job training program receiving assistance under the Job Training Partnership Act or under other similar federal, state or local laws

The household qualifies because the student household (select one and verify):

- The household is a single parent household and their children and such parent is not a dependent of another person and such children are not dependents of another individual other than a parent of such children
- The household is a married couple who file or intend to file a joint return

Households composed entirely of full-time students that are income eligible and satisfy one or more of the above conditions are considered eligible.

Resident/Applicant Signature: _____ Date: _____



Winterwood, Incorporated is an equal opportunity provider and employer

