APPLICATION FOR BOARDMAN TRAIL APARTMENTS

PLEASE READ AND COMPLETE ALL AREAS OF APPLICATION

This project is financed by USDA Rural Development, IRS Section 42 issued by Oregon Housing and Community Development Services, HUD HOME funds, all operated in accordance with their guidelines. Applicants/Tenants must meet eligibility guidelines established by these agencies.

- Use correct legal name for all household members as it appears on Social Security cards and or Birth Certificates.
- All adults eighteen (18) years and older in the household MUST sign the forms.

These signatures certify that the information you provide the Housing Authority regarding your household composition, citizenship or eligible alien status, income assets and deductions are accurate and complete to the best of your knowledge and belief.

DATE and TIME of receipt of your application determines your position on the waiting list. A preliminary determination of your eligibility is made at that time for placement on the waiting list. When your name comes to the top of the list you will be contacted and requested to submit updated information to see if you still qualify.

It is your responsibility to contact the Housing Authority if your address, income or family composition changes.

APPLICATIONS ARE ACCEPTED TUESDAY AND THURSDAY
Between 9:00 am – 12:00 noon and 1:00 pm – 4:00 pm

Applications received by mail on days other than Tuesday or Thursday will be processed the following Tuesday or Thursday.
Boardman Trail Apartments
Application for Admission

(Do not write in this box)

Date of Application: ____________________  Time Received: ________
Received By: ________

Important: Please fill out this application completely. No application will be accepted if each question is not answered completely.

In accordance with Federal law and U.S. Department of Agriculture policy; this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability.

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call 202-720-5964 (Voice and TDD). USDA and this Agency is an equal opportunity provider and employer.

Please Print or Type:

Name: _______________________________  Last   Middle   First

Current Address: ________________________________  Street Address   Apt.#

City __________________ State ________ Zip Code ________ Telephone ________

Mailing Address (If different than above): ________________________________  Street   P.O. Box

City __________________ State ________ Zip Code ________ Telephone ________

Current Employer: ________________________________

Address of Employer: ________________________________

City: ___________  Position/Title: ___________  Work Telephone: __________________
**Household Members:** Please list all members who will be living in your home including yourself.

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Social Security #</th>
<th>Date of Birth</th>
<th>Sex</th>
<th>Relationship</th>
</tr>
</thead>
<tbody>
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Do you or any member of your household require special accommodations due to being handicapped/disabled? Yes ____ No ____

Do you or any member of your household require a live-in attendant? Yes ____ No ____

Do you claim ELDERLY, HANDICAPPED OR DISABLED eligibility status? Yes ____ No ____

If yes, please furnish the name and address of qualified individual/agency to verify status.

Name of individual/s claiming status: __________________________________________

Has any member of the household listed above used any other name than listed? Yes ____ No ____

If yes who and explain: ________________________________________________________

Will this be your primary residence? Yes ____ No ____ If No please explain ____________

Are you or any member of your household a full time student? Yes ____ No ____ If yes who and where are they enrolled. _______________________________________

____________________________________
**Source of Income:**

List all Income Sources: This includes, but not limited to, full and/or part time employment, all income from welfare agencies, social security pensions, SSI disability, armed forces reserves, unemployment compensation, child care, alimony, child support, student grants, contract for deed, interest on assets, dividends, annuities and regular contributions from people not living with you.

<table>
<thead>
<tr>
<th>Family Member Name</th>
<th>Employer, Agency, Bank, etc. who are sources of income to you. List name and address of sources.</th>
<th>Annual Gross Income</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

Checking Acct(s) # __________ Bank __________ Balance __________

# __________ Bank __________ Balance __________

Savings Acct(s) # __________ Bank __________ Balance __________

# __________ Bank __________ Balance __________

Trust Acct(s) # __________ Bank __________ Balance __________

# __________ Bank __________ Balance __________

Certificates # __________ Bank __________ Balance __________

# __________ Bank __________ Balance __________

Credit Union # __________ Name __________ Balance __________

# __________ Name __________ Balance __________

Savings Bond # __________ Maturity Date __________ Value __________

Life Insurance Policy # __________ Face Value __________

Do you own any types of bonds or stocks? _______ YES _______ NO Face Value __________
**Real Property:** Do you own any property _____ YES _____ NO

If yes, type of property _____________________________________________

Location of Property _____________________________________________

Appraised Market Value $ __________________________ Date Last Appraised ______

Have you sold/disposed of any property/assets in the last 2 years? _____ YES _____ NO

If yes, type of property/assets __________________________ Date sold/disposed of __________

Do you have any other assets not listed above (excluding personal property)? _____ YES _____ NO

If yes, what ______________________________________________________

Has any of the individuals (applicants) listed on this application ever been arrested?

_____ YES _____ NO If yes, list the date and place of occurrence and charges.

List the name and address of the agency or authority involved.

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

**FAILURE TO COMPLETE THIS APPLICATION FULLY OR GIVING FALSE INFORMATION MAY RESULT IN THIS APPLICATION BEING REFUSED OR EVICTION AFTER TENANCY.**

I certify that the statements above are true and complete to the best of my/our knowledge. I/we understand that false statements are punishable under Federal Law, and may result in the termination of my application. **I also certify that the unit I am applying for will be my household’s permanent residence, and I will not maintain a separate rental unit in a different location.**

The information on this form is being collected by the Federal Government to determine the applicant’s recommended unit size and the amount of contribution by the family. It will be used to provide the basis for managing the programs covered by this form, for protecting the government’s financial interest, and for verifying the accuracy of the information furnished. It may be released to appropriate Federal, State and local agencies when relevant, to civil, criminal or regulatory investigators. 42 USC 1437 et reg. OHCS 1981, PL 97-35, Stat 348.408.

I/We the undersigned authorize The Tri-Harbor Landing Limited Partnership or their representatives to investigate and obtain my/our credit rating, my/our current and past rental records, my/our employment history, my/our criminal records, any sources of income to my household, my/our current/past utility records and any other information which may be requested
at a later date to complete the processing of application. In addition I/We authorize the release of wage matching data to Rural Housing Services (RHS) and the borrower as needed from time to time throughout our tenancy. Your signature below certifies that the statements made on this application are TRUE and CORRECT, and gives owner or their representative and RHS CONSENT to verify the information contained in this application. I/We acknowledge that I/We must keep management informed of our continued interest at least every 90 days.

Applicant’s Signature: ___________________________ Date: _____________________

Co-Applicant’s Signature: ___________________________ Date: _____________________

Other Adult Signature: ___________________________ Date: _____________________

APPLICANT – DO NOT WRITE IN THIS SPACE

Owner/owner’s representative’s Signature: ___________________________

Date received: ___________________________ Time received: ___________________________

Project: ___________________________ Bedroom Size: ___________________________

Income Limit: ___________________________ Family Income: ___________________________

STATISTICAL INFORMATION: The information regarding race, ethnicity and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service that the Federal Laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, familial status, age and disability are complied with. You are not required to furnish this information but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race, ethnicity and sex of individual applicants on the basis of visual observation or surname.

Ethnicity: Race: (Mark One or More)

Hispanic or Latino ____ 1. American Indian/Alaska Native ____

Not Hispanic or Latino ____ 2. Asian ____

Gender:

Male ____ 3. Black or African American ____

Female ____ 4. Native Hawaiian or Other Pacific Islander ____

5. White ____
APPLICANT REFERENCE INFORMATION

Please complete the following landlord information. A minimum of 2 years rental history is required. If you have not had any previous landlords, you must provide us with at least 4 alternative references. All references must be able to provide information concerning the applicant family’s (1) past performance in meeting financial obligations and lease obligations, including rent obligations, and (2) past performance in caring for rental property (housekeeping) and (3) past performance in getting along with neighbors.

1. MOST RECENT LANDLORD NAME: ____________________________________________
   Address: ____________________________________________ Phone: ________________
   City: ___________________________ State: ___________ Zip Code: __________
   Your Address was: ________________________________________________________
   City: ___________________________ State: ___________ Zip Code: __________
   Move In Date: ____________________ Move-Out Date: __________________________
   Your Name used when renting: ____________________________________________

2. PREVIOUS LANDLORD NAME: ____________________________________________
   Address: ____________________________________________ Phone: ________________
   City: ___________________________ State: ___________ Zip Code: __________
   Your Address was: ________________________________________________________
   City: ___________________________ State: ___________ Zip Code: __________
   Move In Date: ____________________ Move-Out Date: __________________________
   Your Name used when renting: ____________________________________________

3. PREVIOUS LANDLORD NAME: ____________________________________________
   Address: ____________________________________________ Phone: ________________
   City: ___________________________ State: ___________ Zip Code: __________
   Your Address was: ________________________________________________________
   City: ___________________________ State: ___________ Zip Code: __________
   Move In Date: ____________________ Move-Out Date: __________________________
   Your Name used when renting: ____________________________________________
4. PREVIOUS LANDLORD NAME:

Address: ___________________________ Phone: __________

City: ___________________________ State: ___________ Zip Code: ______

Your Address was: ___________________________

City: ___________________________ State: ___________ Zip Code: ______

Move In Date: ________________ Move-Out Date: ________________

Your Name used when renting: ___________________________

5. PERSONAL REFERENCES: (2 Persons NOT RELATED or LIVING WITH YOU, whom you have known at least one year.)

NAME: ___________________________ PHONE: ___________________________

Address: ___________________________

NAME: ___________________________ PHONE: ___________________________

Address: ___________________________

6. Nearest living relative or friend we can contact in the event of an emergency:

NAME: ___________________________ PHONE: ___________________________

Address: ___________________________

7. CREDIT REFERENCES:

Name: ___________________________ ACCT. # ___________________________

Address: ___________________________

Name: ___________________________ ACCT. # ___________________________

Address: ___________________________

8. AUTOMOBILES: All Automobiles that are driven onto or parked in designated parking for the community must be registered to the resident, must be currently licensed, must be insured for the duration of the lease and must be operational at all times.

Make/Model ___________________________ Year ______ Lic. # ____________ State ____________

Make/Model ___________________________ Year ______ Lic. # ____________ State ____________

Make/Model ___________________________ Year ______ Lic. # ____________ State ____________

Make/Model ___________________________ Year ______ Lic. # ____________ State ____________
Please answer all of the following questions:

1. Have you ever lived in or rented from The Housing Authority of the County of Umatilla before? _____ YES _____ NO If YES where? ____________________________

2. Have you ever rented from another Housing Authority before? _____ YES _____ NO If YES, Where? ________________________________________

3. Have you rented before? _____ YES _____ NO

4. Have you or any members in your household been evicted from any previous housing or been asked to move by the Landlords? _____ YES _____ NO

5. Do you or any members of your household owe any previous housing charges for rent or damages? _____ YES _____ NO

6. Are you or any member of your household currently an illegal abuser or addict of a controlled substance? _____ YES _____ NO

7. Have you or any members of your household been convicted of the illegal manufacture or distribution of a controlled substance? _____ YES _____ NO

8. Are you or any members of your household affiliated with gangs? _____ YES _____ NO

9. Have you or any member of your household been arrested or convicted of any criminal activity? _____ YES _____ NO

   If YES, who? ___________________________ What year? __________ City __________________________

   County __________ State ______ Type of Offense: __________________________

   Probation/Parole Officer ___________________________ Phone: __________________________

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentation at any department or agency of the U.S. as to any matter within its jurisdiction. The project you are applying for received federal funding as part of its funding source and therefor requires federal reporting and monitoring.

I/WE CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND COMPLETE:
(ALL ADULT HOUSEHOLD MEMBERS MUST SIGN)

_________________________ Date
_________________________ Date
_________________________ Date
_________________________ Date
_________________________ Date

8
GENERAL INFORMATION RELEASE AUTHORIZATION

A. The Umatilla County Housing Authority requires that applicants and participants in assisted housing programs provide a social security number for each family member. The social security number will be used to establish the computer record and the identification of applicants/participants and their family members. These numbers will also be used to verify former tenancy in subsidized housing programs: to confirm prior rent payment history and to verify eligibility information (i.e. income, assets, etc.)

We have read the above and understand and agree to provide social security numbers to HAP for the purposes mentioned.

B. I/We hereby authorize the Umatilla County Housing Authority to contact any agencies, employers or organizations to obtain any information or materials deemed necessary to determine my eligibility for participation in the Housing Authority programs. I/We further authorize the same information to be made available on an ongoing basis for continued participation and copies of this form to be used in place of the original.

C. I/We give any credit bureau permission to release my/our credit history to the Housing Authority for the purposes of verifying eligibility or continued eligibility for federal rent assistance (business transaction have a personal, family or household purpose for the consumer); AND

D. I/We give permission to any police authority, parole or probation authority, or any other entity or agency which maintains or has access to records of criminal arrests, conviction, incarceration, probation, parole and the like and copies of this form to be used in place of the original.

Print name of head of household

Signature

Date

Social security number

Date of birth

Print name of other adult

Signature

Date

Social security number

Date of birth

Print name of other adult

Signature

Date

Social security number

Date of birth
APPLICANT/TENANT QUESTIONNAIRE

All household members 18 or older (or if under 18 and qualified as Head, Co-Head, or Spouse) must complete a separate questionnaire. Check "Yes" or "No" to each question as they apply to you. Form to be completed by the applicant/tenant.

Applicant/Tenant Name: ___________________________ Unit #: ______
Applicant/Tenant Estimated GROSS Monthly Income: $ ______

Yes No
I filed a tax return last year for myself, jointly with my spouse, and/or for my business.
I am married and am entitled to file a joint tax return.
I am employed and receive wages. If "Yes", are you employed at more than one job? □ Yes □ No
I am employed and receive tips/commissions/bonuses.
I am self-employed and/or own a business.
I have secured new employment and will begin during the next 30 days (from eff. date of certification).
I am on leave of absence from work. If yes, for how long? _______
I receive income from Unemployment, Workers Compensation, Disability Compensation, and/or a Severance.
I receive/am entitled to receive Child Support and/or Alimony payments.
I receive Social Security (SS), Supplemental Security (SSI), and/or Social Security Disability (SSD) income.
I receive Section 8/Welfare/Public Assistance (i.e. AFDC, TANF, etc.) (exclude Food Stamps).
I am a Part-time or Full-time Student (financial assistance verification may be needed if receiving Section 8).
I receive income from a household member(s) temporarily absent from the unit.
I receive income from a household member(s) permanently confined to a hospital or nursing home.
I receive periodic payments from family, friends, church, etc.
I receive income from a foster child (unearned) or foster adult (earned/unearned) who resides with me.
I receive periodic income from Long-Term Care insurance, Disability, and/or Death Benefits.
I have a Pension, Annuity, IRA, Keogh, 401K, Trust, and/or other retirement account(s).
I receive income from a Pension, Annuity, IRA, Keogh, 401K, Trust, and/or other retirement account(s).
I have (check one): □ one □ multiple Checking account(s).
I have (check one): □ one □ multiple Savings account(s).
I have (check one): □ one □ multiple Money Market account(s).
I own (check one): □ one □ multiple Certificate of Deposit(s).
I have cash on hand or in a safe deposit box.
I have investments in Stocks, Bonds, Treasury Bills and/or Mutual Funds.
I own Real Estate or am in the process of selling real estate.
I hold a Mortgage or Deed of Trust.
I have a Life Insurance policy (exclude Term Life).
I hold personal property as an investment (coin collections, gems, antique cars, etc.).
I have other forms of income or assets not specified above (i.e. Adoption Assistance, Resident Stipend, etc.).
I have disposed of assets for more than $1,000 less than Fair Market Value (FMV) during the past two years.

* The Following - does not apply to HOME Assisted Units.
I have assets: □ No □ Yes – Combined household assets are under $5,000 (complete Under $5,000 Asset Cert.)
□ Yes – Combined household assets are $5,000 or more (obtain third-party verification)

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

Signature of Applicant/Tenant ___________________________ Date ____________

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

OHCS 3
OHCS Programs (REV 1/28/13)
UNDER $5,000 ASSET CERTIFICATION

For households whose combined net assets are under $5,000, complete the form per household income and assets below.

Household Name: ___________________________ Unit #: ___________________________

Property Name: ___________________________

### Household Assets (list)

<table>
<thead>
<tr>
<th>(A)</th>
<th>(B)</th>
<th>(A*B)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash Value*</td>
<td>Int. Rate</td>
<td>Annual Income</td>
</tr>
<tr>
<td>Savings Account</td>
<td>$____</td>
<td>$____</td>
</tr>
<tr>
<td>Cash on Hand</td>
<td>$____</td>
<td>$____</td>
</tr>
<tr>
<td>Certificates of Deposit</td>
<td>$____</td>
<td>$____</td>
</tr>
<tr>
<td>Stocks</td>
<td>$____</td>
<td>$____</td>
</tr>
<tr>
<td>IRA Accounts</td>
<td>$____</td>
<td>$____</td>
</tr>
<tr>
<td>Keogh Accounts</td>
<td>$____</td>
<td>$____</td>
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<tr>
<td>Equity in Real Estate</td>
<td>$____</td>
<td>$____</td>
</tr>
<tr>
<td>Lump Sum Receipts</td>
<td>$____</td>
<td>$____</td>
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<tr>
<td>Life Insurance Policies (excluding Term)</td>
<td>$____</td>
<td>$____</td>
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<tr>
<td>Other Retirement/Pension Funds not named above:</td>
<td>$____</td>
<td>$____</td>
</tr>
<tr>
<td>Personal property held as an investment**:</td>
<td>$____</td>
<td>$____</td>
</tr>
<tr>
<td>Other (list):</td>
<td>$____</td>
<td>$____</td>
</tr>
</tbody>
</table>

*Cash value is defined as market value minus the cost of converting the asset to cash, such as broker's fees, settlement costs, outstanding loans, early withdrawal penalties, etc.

**Personal property held as an investment may include, but is not limited to, gem or coin collections, art, antique cars, etc. Do not include necessary personal property such as, but not necessarily limited to, household furniture, daily-use autos, clothing, assets of an active business, or special equipment for use by the disabled.

A. Within the past two (2) years, I/we have sold or given away assets (including cash, real estate, etc.) for more than $1,000 below their fair market value (FMV). Those amounts* are included above and are equal to a total of: $_____

B. 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.

C. The net family assets (as defined in 24 CFR Part 5) above do not exceed $5,000 and the annual income from the net family assets is $_______. This amount is included in total gross annual 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 ___________________________ Printed Name of Applicant/Tenant ___________________________ Date __________

Signature of Applicant/Tenant ___________________________ Printed Name of Applicant/Tenant ___________________________ Date __________

NOTE: Section 1901 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

OHCS.4 OHCS Programs (REV 1/28/13)
ANNUAL CERTIFICATION OF STUDENT STATUS

All household members 18 or older (or if under 18 and qualified as Head, Co-Head, or Spouse) must complete, sign and date this form upon move-in and annually during the Initial Compliance Period of the project.

Property Name: ___________________________ BIN: ___________________________ Unit #: ___________

Household Occupants: _________________________________________________________

This form is to be completed by Applicant/Tenant

You have applied for (or currently reside in) a rental housing unit located in a development operating under the "Low-Income Housing Tax Credit" (LIHTC) Program of Section 42 of the Internal Revenue Code. Provisions of this code require verification of all income and assets, as well as other claims of eligibility. Please check A, B, or C as it applies to your household:

A. □ Household contains at least one occupant who is not a student, has not been a student, and will not be a student for any part of 5 months or more during the current and/or upcoming calendar year (months need not be consecutive). If this item is checked, no further action is necessary.

B. □ Household contains all students, but is qualified because the following occupant, ____________________________, is a part-time student. Verification of part-time student status (form OHCS.6) is required for at least one household member.

C. □ Household contains all full-time students for any part of 5 months or more during the current and/or upcoming calendar year (months need not be consecutive). If “C” applies, complete questions 1-5 below:

1. Is at least one student receiving assistance under Title IV of the Social Security Act (i.e. AFDC, TANF, etc.)? □ Yes □ No

2. Was at least one student previously under the care and placement responsibility of the state agency responsible for administering foster care? If yes, attach documentation of previous participation. □ Yes □ No

3. Does at least one student participate in a program receiving assistance under the Job Training Partnership Act, Workforce Investment Act, or under other similar federal, state or local laws? If yes, attach documentation of current participation. □ Yes □ No

4. Is at least one student a single parent with child(ren) and this parent is not a dependent of another individual and the child(ren) is/are not dependent(s) of someone other than the other (or absent) parent? If yes, attach third party documentation (i.e. tax return or a court order establishing custody). □ Yes □ No

5. Are the students married and entitled to file a joint tax return? If yes, attach a copy of the marriage license or the most recently filed tax return. □ Yes □ No

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. I/we agree to notify management immediately of any changes in this household’s student status. 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   Printed Name of Applicant/Tenant   Date

______________________________  ________________________________  __________
Signature of Applicant/Tenant   Printed Name of Applicant/Tenant   Date

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

OHCS.5

LIHTC Program (REV 3/28/12)