

# Tax Credit Recertification Packet for Single Family Rental Homes & Hilldale Springs Townhomes

Muskogee County Community Action Foundation, Inc. (MCCAF) owns and operates affordable housing in Muskogee County. The properties are subject to rules and regulations established by the U.S. Housing & Urban Development (HUD), the Oklahoma Housing Finance Agency (OHFA) and the Internal Revenue Service (IRS).

## Housing Program Application Requirements

### Income Guidelines for Rental Housing-

- *Individual Addresses:* Each individual house or townhome is subject to a specified income guidelines as specified by the HUD regulations. The rental houses & townhomes are restricted to those families having low to moderate incomes. Annual household income **must be at or below the maximum to be considered.**
- *Income guidelines:* are subject to change by HUD and are updated annually. In the event of a typographical error on this application or the website, the HUD regulations will always be followed.
- *Muskogee County,* for the **single family homes** the maximum allowable incomes (by household size) are as follows:

### Single Family Housing Guidelines:

*Muskogee County,* for **Hilldale Springs Townhomes** the maximum allowable incomes (by household size) are as follows:

# in Household	2	3	4	5	6
30% limit (NHTF)	\$20,150	\$22,650	\$25,150	NA	NA
60 % limit	\$34,800	\$39,120	\$43,440	\$46,920	\$50,400
80 % limit	\$46,350	\$52,150	\$57,900	\$62,550	\$67,200

### Hilldale Springs Townhomes Guidelines:

*Muskogee County,* for **Hilldale Springs Townhomes** the maximum allowable incomes (by household size) are as follows:

# in Household	1	2	3	4	5	6
50 % limit	\$25,350	\$29,000	\$32,600	\$36,200	\$39,100	\$42,000
60 % limit	\$30,420	\$34,800	\$39,120	\$43,440	\$46,920	\$50,400



**APPLICANT CHECKLIST**

*The following items are required with an application packet:*

( √ ) *Place a check mark next to each item that is included with your application packet.*

\_\_\_\_\_ *Completed Application Checklist-* This page completed.

\_\_\_\_\_ *Completed Questionnaire/Application-* Pages 3-12 of this packet is completed in full, signed & dated.

\_\_\_\_\_ *HUD/OHFA Forms-* Page 13-19 of this packet completed in full, signed and dated.

**Completed pre-applications should be submitted by appointment only or anytime into the night drop box located at: Hilldale Springs Townhomes/MCCAF, Inc. - 2400 Hilldale Springs Drive, Muskogee, OK 74403 - Phone (918) 686-8004**

**APPLICANT QUESTIONNAIRE**

**NOTE TO TENANT:** In order for us to determine your eligibility or continued eligibility, you must provide *all* information included in this questionnaire. This information is considered confidential and will only be used as necessary in determining your eligibility for a Federal Affordable Housing Program. *Providing false information may result in the loss of your housing. All adults over age 18 must complete their own application.*

Tenant Name:		Home Telephone Number: ( )
Current Address:	Alternate Phone: ( )	Email Address:

**HOUSEHOLD COMPOSITION**

*Please read each question carefully, answer each question completely and be prepared to verify items checked "yes".*

List yourself and anyone who will live with you *within the next 12 months*. Be sure to include members temporarily away from home, including (but not limited to): dependents away at school, military persons stationed away from home that have a spouse or dependent in the home.

*Please list household members starting with Head of household on line 1, then in order of oldest to youngest.*

1	Last Name, First Name	Relationship to Head of Household	Birth Date	Age	Social Security Number	Student Status:		
						Full Time	Part Time	N/A
1		Head						
2		Child M or F						
3		Child M or F						
4		Child M or F						
5		Child M or F						
6		Child M or F						

1.) Do you anticipate any changes in the size of your household *within the next 12 months*? (O-04)  Yes  No  
 (Examples: a future spouse, a minor entering the home through adoption, children returning from foster care, etc.)



If yes, please describe any changes here: \_\_\_\_\_

2.) Will anyone under age 18 listed above live in the unit **less than** 50% of the next 12 months?  N/A  Yes  No  
(O-04)

If yes, please explain here: \_\_\_\_\_

3.) Does any member in your household have a disability and require a live-in care attendant? (O-01)  Yes  No

If yes, please explain here: \_\_\_\_\_

4.) Is the applicant separated, but not divorced? (O-07)  Yes  No

5.) Do you currently have any pets within your home?  Yes  No

If yes, please describe type of pet(s) including breed & weight here: \_\_\_\_\_

6.) Do you anticipate any new pet(s) within the home within the next 12 months?  Yes  No

If yes, please describe type of pet including breed & weight here: \_\_\_\_\_

If yes, when do you expect the pet in the home (date) \_\_\_\_\_

**Please read each question carefully, answer each question completely and be prepared to verify items checked yes.**

### STUDENT ELIGIBILITY QUESTIONS

7.) Are **ALL** members of your household full-time students? (S-03)  Yes  No

8.) Will **ALL** members of your household be full-time students during any 5 months of this year? (S-03)  Yes  No  
(Example: a student who goes to school full-time in any parts of January, February, April, October and November)

9.) Will **ALL** members of your household be full-time students during any 5 months of next year? (S-03)  Yes  No

10.) Are you a part- or full-time student in an institute of higher education? (S-01)  Yes  No  
If yes, who is enrolled? \_\_\_\_\_ Which school are they enrolled in? \_\_\_\_\_  
How do they pay for their education? \_\_\_\_\_ What is the cost of tuition per semester? \$ \_\_\_\_\_

11.) Do you intend to become a student **within the next 12 months**? (S-03)  Yes  No  
If yes, will you be enrolling as a full-time or part-time student? \_\_\_\_\_

### ALIMONY / CHILD SUPPORT INFORMATION

12.) Have you ever been **COURT ORDERED** to receive Child Support or Alimony payments, even if no child support or alimony is being received? (I-07a, O-09a, O-09b) (Case id #) \_\_\_\_\_  Yes  No

**Please list child(rens) name(s) here:** \_\_\_\_\_  
**IF "NO", SKIP TO QUESTION 12**

a.) Applicants Name at time of court order: \_\_\_\_\_ Payment Amount: \$ \_\_\_\_\_ per \_\_\_\_\_

b.) Name of person(s) paying support / alimony: \_\_\_\_\_

Are the **FULL** court-ordered amount(s) being received?  Yes  No

If "**NO**", are you making efforts to collect the amounts due?  Yes  No



If "YES", please explain the efforts you're making here: \_\_\_\_\_

13.) Do you receive Child Support or Alimony payments that are **NOT COURT ORDERED**?

(This includes help for children for clothes, groceries, etc.)

Yes  No

**IF "NO", SKIP TO NEXT SECTION**

a.) Payment Amount: \$ \_\_\_\_\_ per \_\_\_\_\_

b.) Name of person(s) paying support / alimony:

\_\_\_\_\_ Phone: \_\_\_\_\_ for child: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_ for child: \_\_\_\_\_

**Please read each question carefully, answer each question completely and be prepared to verify items checked yes.**

**INCOME INFORMATION**

The questions regarding household income apply to all members of your household, including minors and those temporarily absent from the home.

YES	NO	TYPE OF INCOME	INCOME AMOUNT
<input type="checkbox"/>	<input type="checkbox"/>	<b>14.) Is any member of the household employed?</b>	
(I-01)		<b>Job 1.)</b> Who is employed? _____ What company? _____ Phone: _____	AMT \$ _____ PER _____
		<b>Job 2.)</b> Who is employed? _____ What company? _____ Phone: _____	AMT \$ _____ PER _____
		<input type="checkbox"/> <b>Check if there are any additional jobs in the household</b> (attach a separate sheet with contact information)	
<input type="checkbox"/>	<input type="checkbox"/>	<b>15.) Are any household members self-employed?</b>	
(I-02 & 1040C)		Who is self-employed? _____ What type of work does this person do? _____	AMT \$ _____ PER _____
<input type="checkbox"/>	<input type="checkbox"/>	<b>16.) Are any adult members of your household unemployed?</b>	
(I-10)		Which adult members are unemployed? _____	
<input type="checkbox"/>	<input type="checkbox"/>	<b>17.) Does any household member receive pay from the military?</b>	
(I-03)		Who is paid by the military? _____ Which branch of the military? _____ Contact Person: _____ Phone: _____	AMT \$ _____ PER _____
<input type="checkbox"/>	<input type="checkbox"/>	<b>18.) Does any household member receive any payments from the Social Security Administration? Which type:</b> <input type="checkbox"/> SS <input type="checkbox"/> SSI <input type="checkbox"/> Other	
(I-04)		Who receives payments from the Social Security Office? _____	AMT \$ _____ PER _____
<input type="checkbox"/>	<input type="checkbox"/>	<b>19.) Does any household member receive severance pay or worker's compensation?</b>	
(I-09)		Who is receiving severance pay or worker's compensation? _____ What company pays them? _____	AMT \$ _____ PER _____



**20.) Is any household member unemployed and receiving payments from an unemployment agency?** AMT \$ \_\_\_\_\_  
PER \_\_\_\_\_  
 (I-05& I-10) Who is receiving unemployment benefits? \_\_\_\_\_

**21.) Does any household member receive Public Assistance payments such as TANF or AFDC? (Please do not include Food Stamp benefits here.)** AMT \$ \_\_\_\_\_  
PER \_\_\_\_\_  
 (I-06) Who is receiving TANF or AFDC benefits? \_\_\_\_\_

**Please read each question carefully, answer each question completely and be prepared to verify items checked yes.**

**INCOME INFORMATION CONTINUED**

The questions regarding household income apply to all members of your household, including minors and those temporarily absent from the home.

YES	NO	TYPE OF INCOME	INCOME AMOUNT
<input type="checkbox"/>	<input type="checkbox"/>	<b>22.) Does any household member receive periodic payments from a pension, annuity or retirement benefit account?</b> Please check one: <input type="checkbox"/> Pension (I-11) <input type="checkbox"/> Annuity (I-12) <input type="checkbox"/> Other Retirement (I-08) Who receives these benefits? _____ What company pays this person? _____ Contact Person: _____ Phone: _____	AMT \$ _____ PER _____
<input type="checkbox"/>	<input type="checkbox"/>	<b>23.) Does anyone outside of your household provide you with cash or contributions to help pay expenses that a household would normally pay, such as rent, utility payments or groceries?</b> What is the name of the person that pays you? _____ What is their address? _____ Phone number? _____	AMT \$ _____ PER _____
<input type="checkbox"/>	<input type="checkbox"/>	<b>24.) Is there any other source of income we haven't already asked about above that you receive?</b> Please Describe: _____	AMT \$ _____ PER _____
<input type="checkbox"/>	<input type="checkbox"/>	<b>25.) Does your household expect any changes in their income within the next 12 months?</b> Please Describe: _____	AMT \$ _____ PER _____
<input type="checkbox"/>	<input type="checkbox"/>	<b>26.) Does your household receive long-term care insurance payments, in excess of \$180 per day, for a family member residing in a long-term care facility?</b> Which household member is in a long-term facility? _____ Which household member are the payments made to? _____ What company pays this person? _____	AMT \$ _____ PER _____



Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

**27.) Do any adult members of your household have zero income?**  
(I-13) Which adult members have zero income? \_\_\_\_\_

**28.) Does any household member receive SNAP Benefits (Food Stamps)**  
(I-06) Who is receiving SNAP benefits? \_\_\_\_\_ AMT \$ \_\_\_\_\_  
PER \_\_\_\_\_

**Please read each question carefully, answer each question completely and be prepared to verify items checked yes.**

**ACCOUNT / ASSET INFORMATION**

The questions regarding household accounts / assets apply to all members of your household, including minors and those temporarily absent from the home.

YES NO

**ACCOUNT INFORMATION**

**29.) Does any household member have a Checking, Savings, CD, Money Market account, Bank/Pay Card, or Phone Cash App (i.e. Cash App, Pay Pal, Venmo)?**  
(A-01)

Bank 1.) Bank Name: \_\_\_\_\_ Name(s) on Account: \_\_\_\_\_  
Account Type:  Checking  Savings  CD  Money Market  Bank/Pay Card  Phone Cash App  
Bank 2.) Bank Name: \_\_\_\_\_ Name(s) on Account: \_\_\_\_\_  
Account Type:  Checking  Savings  CD  Money Market  Bank/Pay Card  Phone Cash App

Bank 3.) Bank Name: \_\_\_\_\_ Name(s) on Account: \_\_\_\_\_  
Account Type:  Checking  Savings  CD  Money Market  Bank/Pay Card  Phone Cash App  
Bank 4.) Bank Name: \_\_\_\_\_ Name(s) on Account: \_\_\_\_\_  
Account Type:  Checking  Savings  CD  Money Market  Bank/Pay Card  Phone Cash App

**Check if there are additional accounts of these types belonging to the household.**

(attach a separate sheet with the bank name, account type and name(s) on the account)

**30.) Does any household member have Stocks, Bonds, Mutual Funds, Capital Investments or a Whole Life Insurance Policy (life insurance that you can make withdrawals from even if there isn't a death. We do not count TERM insurance)?**  
(A-02) Institution Name: \_\_\_\_\_ Name(s) on Account: \_\_\_\_\_  
Contact Phone: \_\_\_\_\_ Account Type:  Stocks  Bonds  Mutual Funds  Whole Life Insurance

**31.) Does any household member have an IRA, Keogh, 401K, Annuity or similar retirement account?**  
(A-03) Institution Name: \_\_\_\_\_ Name(s) on Account: \_\_\_\_\_  
Contact Phone: \_\_\_\_\_ Account Type: IRA Keogh 401K Other: \_\_\_\_\_

**32.) Does any household member have a Pension account that will pay upon retirement or termination of employment (NOT including IRA, Keogh, 401K or Annuity accounts)?**  
(A-06) Institution Name: \_\_\_\_\_ Name(s) on Account: \_\_\_\_\_  
Contact/Phone: \_\_\_\_\_ Account Type: \_\_\_\_\_



**33.) Does any household member own any Real Estate?** (Include Rental Property, Primary Residence, Vacation Property, Time-Shares, Commercial Property and Property being sold by deed of trust or Contracts for Deed)  
 Property Owner(s): \_\_\_\_\_ Type of Property: \_\_\_\_\_  
 What is the name of the bank or institution with financial interest in this property? (Mortgage Holder, Contract Owner, etc.)  
 Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**34.) Does any household member have personal property that they hold for investment purposes that they plan to sell at a later date for profit?** (Examples include: coin or stamp collections, antique cars, jewelry, etc.)  
 Property Type: \_\_\_\_\_ Estimated Cash Value: \$ \_\_\_\_\_

**35.) Does any household member have a Trust Account or receive payments from a Trust Account?**  
 Institution Name: \_\_\_\_\_ Name(s) on Account: \_\_\_\_\_  
 Is this account a Revocable or Non-Revocable Trust Account? \_\_\_\_\_

**36.) Does any household member have any Treasury Bills or Government Savings Bonds?** (www.savingsbonds.gov)  
 Which household member: \_\_\_\_\_  
 Series: \_\_\_\_\_ Face Value: \$ \_\_\_\_\_ Serial Number: \_\_\_\_\_ Issue Date: \_\_\_\_\_

**37.) Does any household member have cash on hand or cash in safe deposit boxes?**  
 Which household member? \_\_\_\_\_ What amount is kept on hand? \$ \_\_\_\_\_

**Please read each question carefully, answer each question completely and be prepared to verify items checked yes.**

**ACCOUNT / ASSET INFORMATION (CONTINUED)**

The questions regarding household accounts / assets apply to all members of your household, including minors and those temporarily absent from the home.

YES	NO	ACCOUNT INFORMATION
<input type="checkbox"/>	<input type="checkbox"/>	<b>38.) Does any household member have any accounts or assets that were not described above?</b> (Please <b>DO NOT</b> include personal use vehicles, furniture, clothing, etc.) What type of account or asset is this? _____ What is the estimated value of this asset if you were to sell it today? \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	<b>39.) In the past two years, has any household member given away any asset(s) for less than they were worth?</b> (Examples include property, transferring an asset account into someone else's name, charitable contributions etc.) What was the estimated value of this asset? \$ _____

**RENTAL HISTORY**

**Please detail personal rental history of the head of household-**

40.) Current Landlord: \_\_\_\_\_ Move in date: (Month) \_\_\_\_\_ (Year) \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Manager: \_\_\_\_\_ Landlord Phone: \_\_\_\_\_ Rent Amount: \_\_\_\_\_  
 Reason for Moving: \_\_\_\_\_

**Complete if less than three (3) years of rental history for head of household listed above:**

41.) Previous Landlord: \_\_\_\_\_  
 Move in Date: (Month) \_\_\_\_\_ (Year) \_\_\_\_\_ Move out date: (Month) \_\_\_\_\_ (Year) \_\_\_\_\_



Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Manager: \_\_\_\_\_ Landlord Phone: \_\_\_\_\_ Rent Amount: \_\_\_\_\_

Reason for Moving: \_\_\_\_\_

***(If needed, use the back of this sheet to list additional rental history for the required three (3) year period.)***

**Please detail personal rental history of Adult Co-applicant (if applicable)-**

42.) Current Landlord: \_\_\_\_\_ Move in date: (Month) \_\_\_\_\_ (Year) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Manager: \_\_\_\_\_ Landlord Phone: \_\_\_\_\_ Rent Amount: \_\_\_\_\_

Reason for Moving: \_\_\_\_\_

**Complete if less than three (3) years of rental history for co-applicant listed above (Adult #2):**

43.) Previous Landlord: \_\_\_\_\_

Move in Date: (Month) \_\_\_\_\_ (Year) \_\_\_\_\_ Move out date: (Month) \_\_\_\_\_ (Year) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Manager: \_\_\_\_\_ Landlord Phone: \_\_\_\_\_ Rent Amount: \_\_\_\_\_

Reason for Moving: \_\_\_\_\_

***(If needed, use the back of this sheet to list additional rental history for the required three (3) year period.)***

44.) Are you or any member of your household currently being evicted or are you currently behind on your rent?

Yes  No

Please explain: \_\_\_\_\_

45.) Have you or any member of your household ever been evicted?

Yes  No

Please explain: \_\_\_\_\_

46.) Are you **currently** being sued for rent or damages to rental property?

Yes  No

47.) Is any other member of your household currently being sued for rent or damages to rental property?

Yes  No

Please explain: \_\_\_\_\_

48.) Have you been sued in the **past** for rent or damages to rental property?

Yes  No





49.) Has any other member of the household been sued in the **past** for rent or damages to rental property?  Yes  No

Please explain: \_\_\_\_\_

50.) Are you now or have you ever broken a rental contract or lease agreement?  Yes  No

51.) Has any member of your household now or ever broken a rental contract or lease agreement?  Yes  No

Please explain: \_\_\_\_\_

52.) Do you currently have any past due utility (gas, electric, water) payments to the utility provider?  Yes  No

53.) Does any member of your household currently have any past due utility (gas, electric, water) payments to the utility provider?

Yes  No

Please explain: \_\_\_\_\_

***Please read each question carefully, answer each question completely and be prepared to verify items checked yes.***

**SECTION 8 RENTAL ASSISTANCE**

**Please note that having a Section 8 rental assistance voucher does not guarantee your application will be approved.**

54.) Are you or any member of your household currently on rental assistance?  Yes  No

If Yes, which housing authority (circle one)? OHFA Muskogee Housing Fort Gibson Housing Other

55.) If you are NOT on housing assistance, has any member of your household applied for housing assistance?  Yes  No

If so, through which housing authority? OHFA Muskogee Housing Fort Gibson Housing Other

**EMERGENCY CONTACTS**

**You must list 3 emergency contact persons**

48) Name	Relationship to you	Street Address	City, State, Zip	Cell Phone #	Work Phone #



**VEHICLE INFORMATION**

All vehicles that you are planning to keep onsite at the rental unit must be operational and listed below.

47.) Tag Number	State of Tag	Vehicle Make	Vehicle Model	Year of Vehicle	Color of Vehicle



**Please read each question carefully, answer each question completely.**

**EMPLOYMENT HISTORY**

**Head of Household:**

56.) Current Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_ Pay Interval (circle one ): Weekly Bi-Weekly Semi-Monthly Monthly

Hourly Rate: \_\_\_\_\_ Hours Per Week: \_\_\_\_\_ Annual Salary Rate: \_\_\_\_\_ Start Date: \_\_\_\_\_

57.) Previous Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_ Pay Interval (circle one ): Weekly Bi-Weekly Semi-Monthly Monthly

Hourly Rate: \_\_\_\_\_ Hours Per Week: \_\_\_\_\_ Annual Salary Rate: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

**(If needed, use the back of this sheet to list additional employment history for the required two (2) year period.)**

**Other Adult Member of Household Age 18 year or over:**

58.) Current Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_ Pay Interval (circle one ): Weekly Bi-Weekly Semi-Monthly Monthly

Hourly Rate: \_\_\_\_\_ Hours Per Week: \_\_\_\_\_ Annual Salary Rate: \_\_\_\_\_ Start Date: \_\_\_\_\_

59.) Previous Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_ Pay Interval (circle one ): Weekly Bi-Weekly Semi-Monthly Monthly

Hourly Rate: \_\_\_\_\_ Hours Per Week: \_\_\_\_\_ Annual Salary Rate: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

**(If needed, use the back of this sheet to list additional employment history for the required two (2) year period.)**



**HOW DID YOU FIND OUT ABOUT US?**

How did you find out about the rental properties offered by MCCAFA & Hilldale Springs? (Please circle one)

\_\_\_\_\_ You Tube Video Ad \_\_\_\_\_ Facebook Post or Video AD \_\_\_\_\_ The Housing Authority/Section 8 Program  
\_\_\_\_\_ Flyer \_\_\_\_\_ OHFA Website \_\_\_\_\_ Friend \_\_\_\_\_ Current Tenant \_\_\_\_\_ Yard Sign

**If you were referred by a current tenant, please provide their contact information:**





Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

**HOUSEHOLD CERTIFICATION**

I understand that the information provided on this questionnaire will be used to determine my eligibility for Section 42 compliant properties. Under penalties of perjury, I certify that the information I provided is true and accurate to the best of my knowledge. I also understand that providing false information is considered fraud and punishable according to the law and may result in the loss of my housing at this property.

I also understand that the information provided is considered confidential and will be used solely for the purpose of determining my eligibility or continued eligibility in the IRS Section 42 Tax Credit or HUD HOME housing program.

**CERTIFICATION: All household members who are 18 years of age must sign below.**

 \_\_\_\_\_  \_\_\_\_\_  
**Head of Household** \_\_\_\_\_ **Date** \_\_\_\_\_  
 \_\_\_\_\_  \_\_\_\_\_  
**Co-Applicant** \_\_\_\_\_ **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.

**In keeping with the Fair Housing Act, we do not discriminate based on Familial Status, Race, Sex, Disability, Color, Religion or National Origin.**

**All questions about the application process should be emailed to:**

[info@muskogeecountycaf.com](mailto:info@muskogeecountycaf.com)

**All information about the available units and program requirements can be found at:**

[www.muskogeecountycaf.com](http://www.muskogeecountycaf.com)



**UNDER \$5,000 ASSET CERTIFICATION**

For households whose combined net assets do not exceed \$5,000.  
Complete only one form per household; include assets of children.

Head of Household Name: \_\_\_\_\_ Unit No.: \_\_\_\_\_

Development Name and Address: \_\_\_\_\_

**Complete all that apply for 1 through 4:**

1. My/our assets include (enter n/a in (A) if you do not own the respective asset):

Source	(A) Cash Value*	(B) Int. Rate	(A*B) Annual Income	Source	(A) Cash Value*	(B) Int. Rate	(A*B) Annual Income
Savings Account(s)	\$ _____	% _____	\$ _____	Checking Account(s)***	\$ _____	% _____	\$ _____
Cash on Hand	\$ _____	N/AP	N/AP	Government Benefits****	\$ _____	% _____	\$ _____
Certificates of Deposit	\$ _____	% _____	\$ _____	Money Market Funds	\$ _____	% _____	\$ _____
Stocks	\$ _____	% _____	\$ _____	Bonds	\$ _____	% _____	\$ _____
IRA Account(s)	\$ _____	% _____	\$ _____	401(k)/403(b) Account(s)	\$ _____	% _____	\$ _____
Keogh Account(s)	\$ _____	% _____	\$ _____	Trust Funds	\$ _____	% _____	\$ _____
Equity in Real Estate	\$ _____	% _____	\$ _____	Land Contracts	\$ _____	% _____	\$ _____
Lump Sum Receipts	\$ _____	% _____	\$ _____	Capital Investments	\$ _____	% _____	\$ _____
Bitcoin/ Cryptocurrency	\$ _____	% _____	\$ _____	GoFundMe/Crowdsourcing	\$ _____	% _____	\$ _____
Life Insurance (Excluding Term)	\$ _____	% _____	\$ _____				
Other Retirement/Pension Funds not named above:	\$ _____	% _____	\$ _____	Explanation _____			
Personal Property Held as an Investment**	\$ _____	% _____	\$ _____	Explanation _____			
Other (list):	\$ _____	% _____	\$ _____	Explanation _____			

PLEASE NOTE: Certain funds (e.g., Retirement, Pension, Trust) may or may not be (fully) accessible to you. Include only those amounts which are.

\*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 persons with disabilities.  
 \*\*\*Checking Account cash value should be the average in the checking account over the last six (6) months  
 \*\*\*\*Cash Card Account used to receive government benefits or other income.

(Check either box 2 or box 3 below, not both)

- 2.  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 fair market value (FMV). Those amounts equal a total of: \$ \_\_\_\_\_ (enter the difference between FMV and the amount you received).
- 3.  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.
- 4.  I/we do not have any assets at this time (do not check this box if you have entered any numbers in section 1, above).

The net family assets (as defined in 24 CFR 813.102) above do not exceed \$5,000, and the annual income from the net family assets is \$ \_\_\_\_\_ (enter the total of all (A\*B) Annual Income in section 1 above). 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	_____ Date	_____ Signature of Applicant/Tenant	_____ Date
_____ 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).



## CHILD SUPPORT / ALIMONY VERIFICATION

Unit # \_\_\_\_\_

Has applicant / resident ever been awarded court-ordered child support or alimony?



**PLEASE CIRCLE ANSWER BELOW:**

**CHILD SUPPORT: YES OR NO**

**ALIMONY: YES OR NO**

If yes to either question above, please obtain a copy of the order / decree.



**CHILD SUPPORT:**

I do hereby swear and affirm that: **I DO NOT RECEIVE** (but legal attempts to collect have been made) / **DO RECEIVE (circle one)** \$\_\_\_\_\_ per month child support for the support of my children whose names are:

\_\_\_\_\_  
\_\_\_\_\_

**NOTE:** If the resident/applicant states that child support is not being received although court ordered, it is necessary that you verify through a third party source (District Attorney's office, Lawyer, Child Support Enforcement Unit) that the child support is not being received and that all legal attempts have been made to collect amounts due.

**ALIMONY:**

I do hereby swear and affirm that: **I DO NOT RECEIVE / DO RECEIVE (circle one)** \$\_\_\_\_\_ per month in Alimony payments from:

I understand that all statements concerning child support and alimony must be verified to properly process my/our application and determine eligibility. I have no objection to inquiry being made for the purpose of verification.



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



\_\_\_\_\_  
Date




\_\_\_\_\_  
Printed Name of Applicant/Resident

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




## STUDENT STATUS AFFIDAVIT FOR HOME UNITS

**HOME requires this student question to be asked for ALL activities.**

 Household Name: \_\_\_\_\_  
Address/Unit #: \_\_\_\_\_


**The HOME student rule excludes certain students from participating independently in the HOME program.**



Answer Yes or No	Yes	No
Is any occupant attending an institution of higher education?		


**If the answer above is YES, please answer the following; one exception must be met.**

Name of household member attending institution: \_\_\_\_\_



Answer Yes or No	Yes	No
Are you over the age of 23?		
Are you a veteran of the US military?		
Are you married? (Same sex marriage should be recognized)		
Do you have dependent children?		
Do you have disabilities? (Were you receiving Section 8 assistance as of 11/30/05)		
Will you reside with and are a dependent of a household member in this unit? <b>(If this is the only exception being met, PLEASE contact OHFA HOME compliance before allowing.)</b>		
An orphan or ward of the court?		

Under penalties of perjury, I certify the above information is true and correct as of this date. I understand that I must notify management if the above circumstances change.

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

 \_\_\_\_\_  
Date

Warning: Section 1001 of the Title 18 U. S. Code makes it a criminal offense to make willful, false statements or misrepresentations of any material fact involving the use of or obtaining federal funds.

Revised October 2021

## PUBLIC ASSISTANCE VERIFICATION



Client \_\_\_\_\_

SSN \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

The person referenced above is a participant in a project funded by the HOME Investment Partnerships Program. The U.S. Department of Housing and Urban Development (HUD) requires that we verify the income of program participants. Please complete all the information below. Thank you for your assistance.

By signing below I authorize the release of this information.



Signature of Client \_\_\_\_\_



Date \_\_\_\_\_

**Benefits:**

**Date Began**

**Date Ended**

Amount of assistance received monthly: \_\_\_\_\_

\$ \_\_\_\_\_

Amount of child support received monthly: \_\_\_\_\_

\$ \_\_\_\_\_

Other income in household (list): \_\_\_\_\_

\$ \_\_\_\_\_

Names of household members:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I certify that this information is accurate.

Signature \_\_\_\_\_

Name (print) \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

Agency \_\_\_\_\_

Telephone Number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

**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.

DHS  
Use  
Only

DHS  
Use  
Only



0000 00 2017 12:10PM



OKLAHOMA DEPARTMENT OF HUMAN SERVICES  
Oklahoma Child Support State Office Building

No. 3302 P. 2/2



Child Support  
Services

Ink only

Please check if emergency.  
Reason: \_\_\_\_\_

### Housing Verification Cover Sheet

Please fax to (405) 522-8727. Please allow at least 3 business days for the completed verification.

#### Name of Complex Requesting Information and FAX#:

Muskogee County Community Action Foundation, Inc./Hilldale Springs Townhomes  
Fax (918) 686-0435 Phone (918) 686-8004 info@muskogeecountycaf.com

#### Applicant Information

SS#    -   -

DOB:   /   /

Last name:

First Name:

Middle Initial:

Below please make sure to list ALL children on the lease.

- |   |       |    |       |
|---|-------|----|-------|
| 1 | _____ | 7  | _____ |
| 2 | _____ | 8  | _____ |
| 3 | _____ | 9  | _____ |
| 4 | _____ | 10 | _____ |
| 5 | _____ | 11 | _____ |
| 6 | _____ | 12 | _____ |

Please attach Consent form to cover sheet with exact complex name & fax# to be returned.

Tendant Signature for release of payment records. \_\_\_\_\_

**DO NOT FAX REQUESTS MORE THAN TWICE; CALL (405) 522-5871 IF NOT RECEIVED.**



# HOME Program Eligibility Release Form

Organization requesting release of information (PJ name, address, telephone, and date)

Information Covered: Inquiries may be made about items initialed by applicant/tenant.

*Purpose:* Your signature on this HOME Program Eligibility Release Form, and the signatures of each member of your household who is 18 years of age or older, authorizes the above-named organization to obtain information from a third party relative to your eligibility and continued participation in the:

- HOME TBRA Program
- HOME Homebuyer Program
- HOME Rental Rehabilitation Program
- HOME Homeowner Rehabilitation Program

*Privacy Act Notice Statement:* The Department of Housing and Urban Development (HUD) is requiring the collection of the information derived from this form to determine an applicant's eligibility in a HOME Program and the amount of assistance necessary using HOME funds. This information will be used to establish level of benefit on the HOME Program; to protect the Government's financial interest; and to verify 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, and to prosecutors. Failure to provide any information may result in a delay or rejection of your eligibility approval. The Department is authorized to ask for this information by the National Affordable Housing Act of 1990.

*Instructions:* Each adult member of the household must sign a HOME Program Eligibility Release Form prior to the receipt of benefit and on an annual basis to establish continued eligibility. Additional signatures must be obtained from new adult members whenever they join the household or whenever members of the household become 18 years of age.

**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.**

	Verification Required	Initials
Income (all sources)		
Assets (all sources)		
Child Care Expense		
Handicap Assistance Expense (if applicable)		
Medical Expense (if applicable)		
Other (list) _____ _____		
Dependent Deduction ____ Full-Time Student ____ Handicap/Disabled ____ Family Member ____ Minor Children		



*Authorization:* I authorize the above-named HOME Participating Jurisdiction and HUD to obtain information about me and my household that is pertinent to eligibility for participation in the HOME Program.

I acknowledge that:

- (1) A photocopy of this form is as valid as the original.
- (2) I have the right to review the file and the information received using this form (with a person of my choosing to accompany me).
- (3) I have the right to copy information from this file and to request correction of information I believe inaccurate.
- (4) All adult household members will sign this form and cooperate with the owner in this process.

Head of Household—Signature, Printed Name, and Date:  
Family Member #1

Other Adult Member of the Household—Signature, Printed Name, and Date:  
Family Member #2

X

X

Other Adult Member of the Household—Signature, Printed Name, and Date:  
Family Member #3


Other Adult Member of the Household—Signature, Printed Name, and Date:  
Family Member #4

X

X



TENANT RELEASE AND CONSENT

 I/We \_\_\_\_\_, the undersigned hereby authorize all persons or companies in the categories listed below to release without liability, information regarding employment, income, and/or assets to, for purposes of verifying information on my/our apartment rental (owner or agent) application.

**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 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 include, but are not limited to:

- |  |                                  |  |
|--|----------------------------------|--|
| Past and Present Employers                             | Welfare Agencies                 | Veterans Administration                |
| Previous Landlords (including Public Housing Agencies) | State Unemployment Agencies      | Retirement Systems                     |
| Support and Alimony Providers                          | Social Security Administration   | Banks and other Financial Institutions |
|  | Medical and Child Care Providers |  |

**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. I A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.

