



Missoula
Housing
AUTHORITY



EQUAL HOUSING
OPPORTUNITY



Affordable Housing Application

Resident Screening and Selection Process

Thank you for applying to live in our rental communities. Missoula Housing Authority and BlueLine Property Management LLC (BLPMC) are Equal Housing Opportunity providers and seek to process all applicants in a fair and consistent manner. We comply with Fair Housing and offer Reasonable Accommodations to persons with disabilities.

*****These are NOT subsidized properties. Tenants must pay full rent as set by the State of Montana.*****

Application Process

- Head of Household: please read and complete this entire application packet. **Incomplete applications will be denied.**
- A copy of each adult's Photo ID and must be submitted with the application.
- It may take several weeks to process applications. Help speed the process by providing all income, asset, and identifying information.

Admission/Rejection Policy

- Units are rented to the first approved applicant with a full security deposit paid. A security deposit will not be accepted until the Rental Application is approved.
- All units must be the only place of residence for approved applicants.
- All incoming applications will be reviewed, and pre-qualified applicants will be contacted.
- All applicants will be notified in writing of a denial citing the denial reasons.
- **There is no appeal process for denied applications.**

General Requirements

- Head of Household must be at least 18 years of age, married, or an emancipated minor. A Social Security card plus one other form of ID is required at the time of application. Examples of acceptable forms of ID include: a valid, state-issued driver's license, passport, visa or legal alien documentation, birth certificate.
- Student Status: According to the HTC Program or Section 42 of the IRS Code: **A household comprised entirely of full-time students (adults and minors) is not eligible to reside in this apartment community** unless the household meets one of the following exceptions:
 - At least one adult in the household is married, not necessarily to another adult living in the unit, and the married adult filed a joint federal tax return the previous year.
 - The household consists of one single parent and at least one child, neither of whom is listed as a dependent on a non-household member's most recent tax return.
 - A household member is a recipient of Aid to Families with Dependent Children (AFDC) or Temporary Assistance to Needy Families (TANF).
 - A household member is a participant in a federal, state, or local job training program comparable to those funded by the Job Training Partnership Act.
 - The household is made up of at least one member who has been under the care and placement of the state agency responsible for administering foster care.



Screening Criteria

- All applicants and co-signers must agree to the following by executing a rental application form:

I hereby consent to allow Missoula Housing Authority & BLPMC through their designated agents and their employees, to obtain and verify my credit information and criminal background search for the purpose of determining eligibility. I understand that should I lease an apartment; Missoula Housing Authority and its agent shall have a continuing right to review my credit information, criminal background, payment history, and occupancy history for account review purposes and improving application methods.

- **Criminal Background Search.** We conduct criminal background searches. We deny applicants with:
 - A conviction for a felony or any crime against a person (defined in Chapter 5, Title 45, MCA) in the last 3 years.
 - A pattern of criminal activity over the last 5 years (3 or more crimes in the past 5 years and 1 crime in the past 12 months).
 - A violent felony in the last 10 years.
 - A requirement to register as violent or sexual offender.
- **Credit and Rental History.** Applicants with insufficient or poor rental or credit history may be denied, for

example:

- An applicant will be declined if they have been evicted within the past 3 years.
- Money owing to a previous landlord or collection agency for a landlord debt may result in denial.
- Money owing to a utility company for Utility debt may result in denial.

- **Income/Asset Verification.** Missoula Housing Authority is required to verify all sources of income and assets. Misrepresenting or failing to report income/asset information will result in denial (or eviction if it is discovered after lease signing).
 - Income or a demonstrated ability to pay rent in full is required.
 - Applicants with poor credit/rental history or inadequate income/assets may be required to submit a budget or have a co-signer or payee.
 - **Bankruptcy.** Any applicant who has declared bankruptcy in the past 3 years may be denied but will be reviewed on a case-by-case basis.

Property Preference: Please Rank Preference between 1-6. We will do our best to accommodate your preference based on availability and eligibility.

2,3,4 Bedroom Apartment Homes	1,2,3,4 Bedroom Apartment Homes	3 Bedroom Town-homes
1645 Cooley St.	2220 Mullan Rd.	1325 Cowpers St
1660 Stoddard St.	2210 Mullan Rd.	1370 Burns St.

Acknowledgement

I have read and understand the Resident Screening & Selection Process. I understand my application may be denied for any of the above reasons. I understand that denial for one property does not mean automatic denial for all properties.

Signed: _____ Date: _____

Signed: _____ Date: _____

Signed: _____ Date: _____

Signed: _____ Date: _____





move-in application

Head of Household Name		
Head of Household Address		
City	State	Zip Code
Phone Number	Email	

The information on this form is needed to certify your household. Please complete this **entire** form and **leave no blanks**. If there are any questions that you do not understand, please call the apartment manager. Thank you for your cooperation.

part 1 household composition

hh mbr	full name	relationship to head of household (hoh)	date of birth	social security number
1		HoH		
2				
3				
4				
5				
6				

Do you expect any additions to the household within the next 12 months? (check one) If yes, please explain: ☐ Yes ☐ No

part 2 current/previous residency

current address [provide previous address(es) if less than two years]	dates of residency	rent or own?	monthly payment	landlord/mortgage co. name
	from: to:			
	from: to:			
	from: to:			
	from: to:			

part 3 household income

does your household have income, assistance, or benefits from the sources listed below?		monthly income/ assistance amount	hh mbr #
<input type="checkbox"/> Yes <input type="checkbox"/> No	Self employment (<i>list nature of self employment</i>)	(<i>use net income from business</i>) \$	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Employment with a third-party receiving wages, salary, overtime pay, commissions, fees, tips, bonuses, and/or other compensation. <i>If yes, list the information in Part 4 below.</i>		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Unemployment benefits	\$	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Veteran's Administration, GI Bill, or National Guard/military benefits/income	\$	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Educational assistance (for full and part time students) in the forms of grants, scholarships, or fellowships (<i>exclude student loan awards which must be repaid</i>)	\$	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Retirement benefits from Social Security	\$	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Supplemental Security Income (SSI) or Social Security Disability Income (SSDI)	\$	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Unearned income from family members age 17 or under (example: Social Security, trust fund disbursements, etc.)	\$	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Disability or death benefits other than Social Security	\$	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Public housing assistance/Rental assistance/Section 8 voucher. Housing authority providing the assistance:	\$	
<input type="checkbox"/> Yes <input type="checkbox"/> No	I/we receive public assistance income (example: TANF)	\$	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Child support payments. If yes, for how many children do you receive support?	\$	
<input type="checkbox"/> Yes <input type="checkbox"/> No	I am entitled to receive child support payments and am currently making efforts to collect child support owed to us. Describe efforts being made to collect child support:	Anticipated Amount: \$	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Alimony/spousal support payments	\$	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Periodic payments from trusts, annuities, inheritance, retirement funds or pensions, insurance policies or lottery winnings. If yes, list sources: 1. 2.	\$ \$	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Income from real or personal property	(<i>use net earned income</i>) \$	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do your family, friends, or any other person or organization outside of your household help you meet needs by giving you cash assistance? If yes, who provides the cash assistance? _____ What is the average cash amount you receive? _____	How often do you receive the cash assistance? <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other: _____	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do your family, friends, or any other person or organization outside of your household help you pay a bill or expense, such as for utilities, car, gas, insurance, bus pass, telephone, cable/internet, diapers, etc.? If yes, who helps you pay the bills or expenses? _____ What is the average amount of assistance you receive? \$ _____	How often do they pay the bills or expense? <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other: _____	

part 4 current employment information *(please attach a separate form for additional employment, if needed)*

Resident Name				Occupation/Title		
Employer Name				Contact Person		
Employer Address						
City				State	Zip Code	
Date Hired	Salary/Rate of Pay \$	<input type="checkbox"/> 2x a month <input type="checkbox"/> Monthly <input type="checkbox"/> Hourly	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Annually	# Hours Worked Per Week	Work Phone	Work Fax

Resident Name				Occupation/Title		
Employer Name				Contact Person		
Employer Address						
City				State	Zip Code	
Date Hired	Salary/Rate of Pay \$	<input type="checkbox"/> 2x a month <input type="checkbox"/> Monthly <input type="checkbox"/> Hourly	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Annually	# Hours Worked Per Week	Work Phone	Work Fax

Resident Name				Occupation/Title		
Employer Name				Contact Person		
Employer Address						
City				State	Zip Code	
Date Hired	Salary/Rate of Pay \$	<input type="checkbox"/> 2x a month <input type="checkbox"/> Monthly <input type="checkbox"/> Hourly	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Annually	# Hours Worked Per Week	Work Phone	Work Fax

part 5 previous employment information *(not required for retired persons)*

Resident Name			Occupation/Title			
Employer Name			Contact Person			
Employer Address						
City			State			Zip Code
Date Hired	Ending Salary/Rate of Pay \$	<input type="checkbox"/> 2x a month <input type="checkbox"/> Monthly <input type="checkbox"/> Hourly	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Annually	Term. Date	Work Phone	Work Fax

Resident Name			Occupation/Title			
Employer Name			Contact Person			
Employer Address						
City			State		Zip Code	
Date Hired	Ending Salary/ Rate of Pay \$	<input type="checkbox"/> 2x a month <input type="checkbox"/> Monthly <input type="checkbox"/> Hourly	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Annually	Term. Date	Work Phone	Work Fax

part 6 student status certification

Students include individuals attending public or private elementary schools, middle or junior high schools, senior high schools, colleges, universities, technical, trade or mechanical schools. Students do not include individuals participating in on-the-job training or correspondence courses.

please choose **one** option below that best describes your **household**

<input type="checkbox"/>	The household contains at least one occupant who is not a student and has not been and will not be a student for five months or more out of the current and/or upcoming calendar year (months need not be consecutive).
	List non-student here:
<input type="checkbox"/>	The household contains all students , but is qualified because at least one occupant is a part time student. Verification of part time student status is required.
	List part time student here:
<input type="checkbox"/>	The household contains all students who were, are, or will be full time for five months or more out of the current and/or upcoming calendar year (months need not be consecutive). If yes, you must answer all five questions below.

	yes	no
Are the students married and entitled to file a joint tax return? (attach an affidavit or tax return)f	<input type="checkbox"/>	<input type="checkbox"/>
Is at least one student a single parent with child(ren), and this parent is not a dependent of someone else, and the child(ren) is/are not dependent(s) of someone other than the parent(s)?	<input type="checkbox"/>	<input type="checkbox"/>
Is at least one student receiving Temporary Assistance to Needy Families (TANF)?	<input type="checkbox"/>	<input type="checkbox"/>
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? (attach verification of participation)	<input type="checkbox"/>	<input type="checkbox"/>
Does the household consist of at least one student who was previously under foster care? (provide verification of participation)	<input type="checkbox"/>	<input type="checkbox"/>

part 7 household asset information

do you have assets as listed below?		hh mbr #	account #(s)	interest rate	cash value
<input type="checkbox"/> Yes <input type="checkbox"/> No	Checking account(s). If yes, list bank(s).			%	\$
	1.			%	\$
	2.				

do you have assets as listed below?		hh mbr #	account #(s)	interest rate	cash value
<input type="checkbox"/> Yes <input type="checkbox"/> No	Savings account(s). If yes, list bank(s). 1. 2.			% %	\$ \$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Trust(s). If yes, please indicate which type (revocable or non-revocable), bank, and/or trustee's name. 1. 2.			% %	\$ \$
<input type="checkbox"/> Yes <input type="checkbox"/> No	I/we own real estate (or hold a mortgage or Deed of Trust). If yes, provide description.				\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Personal property that is being held as an investment. If yes, describe:			%	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Stocks, bonds, or Treasury bills. If yes, list sources/bank name(s). 1. 2.			% %	\$ \$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Certificate(s) of Deposit (CD) or Money Market account(s). If yes, list source(s)/bank name(s). 1. 2.			% %	\$ \$
<input type="checkbox"/> Yes <input type="checkbox"/> No	IRA/Lump Sum Pension/Keogh Account/401k. If yes, list bank(s). 1. 2.			% %	\$ \$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Benefit Cards (Direct Express Debit, TANF, and/or unemployment benefits)				\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	I/we have a life insurance policy (exclude term policies). If yes, list company. 1. 2.			% %	\$ \$
<input type="checkbox"/> Yes <input type="checkbox"/> No	I/we have cash on hand or cash in a safe deposit box.			%	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	I/we have disposed of assets (i.e., gave away money/assets) for less than the fair market value in the past two years. If yes, list items and date disposed.				\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	I/we have income from assets or sources other than those listed above (i.e. electronic accounts: Venmo, PayPal, Bitcoin, GoFundMe, etc.). If yes, list type below.			%	\$

Missoula Housing Authority and BLMC comply with the Fair Housing Act and offer reasonable accommodations/modifications to persons with disabilities. If you, a member of your household, or someone associated with you has a disability and feel that there is a need for a reasonable accommodation for that person to have equal use and access to the community, please complete the following request for a reasonable accommodation. If you cannot fill out this information yourself, you may have someone assist you.

- Do you or a household member require any modifications or accommodations? Yes No
- If yes, provide name of person(s) with disability:

- I am requesting the following change or changes in a policy, procedure, rule, service, or regulation so that my household members, guests, and I can live here as easily as others and enjoy and participate equally in housing:

- I need this reasonable accommodation/modification because:

If forms are completed electronically, one of the following boxes must be checked:

- ☐ This form was completed electronically by the resident.
- ☐ Management or someone outside of household assisted completing the form electronically (Authorization to Assist is attached).

signatures

Under penalties of perjury, I certify that the information presented on this form is true and accurate to the best of my/our knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information will result in the denial of application or termination of the lease agreement.

Print Name of Applicant	Signature	Date
-------------------------	-----------	------

Print Name of Applicant	Signature	Date
-------------------------	-----------	------

Print Name of Other Applicant	Signature	Date
-------------------------------	-----------	------

Print Name of Other Applicant	Signature	Date
-------------------------------	-----------	------

Reviewed by (Signature of Owner/Representative)	Date
---	------

All household members ages 18 or over must sign and date.





Release of Information to:
**BlueLine Property Management LLC &
Missoula Housing Authority, 1235 34th St., Missoula, MT 59801**

YOU DO NOT HAVE TO SIGN THIS FORM IF EITHER THE REQUESTING ORGANIZATION OR THE ORGANIZATION SUPPLYING THE INFORMATION IS LEFT BLANK.

I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. I authorize this release to be used to verify any form of my household's income or asset as well as credit information and criminal background. By signing this release, I understand that I am authorizing BlueLine Property Management, LLC & Missoula Housing Authority, their employees and agents to make such investigations, inquiries, and verification requests into my income and asset information, rental history, credit standing, criminal history, employment history, and any other information necessary to verify my eligibility to live in this apartment community. I hereby waive any right of action now or thereafter accruing against any person or entity as a consequence of the release or exchange of such Confidential Information.

Signature _____ Date _____

Print Name _____

Signature _____ Date _____

Print Name _____

Signature _____ Date _____

Print Name _____

Signature _____ Date _____

Print Name _____

PENALTIES FOR MISUSING THIS CONSENT

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, the PHA and any owner (or any employee of HUD the PHA 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 willfully 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, the PHA 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). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).





supplementary demographic information

Colorado Housing and Finance Authority (CHFA) requests the following information in order to comply with the Housing and Economic Recovery Act (HERA) of 2008, which requires all Low Income Housing Tax Credit (LIHTC) properties to collect and submit to the U.S. Department of Housing and Urban Development (HUD), certain demographic and economic information on tenants residing in LIHTC-financed properties.

Although CHFA would appreciate receiving this information, you may choose not to furnish it. You will not be discriminated against on the basis of this information, or on whether or not you choose to furnish it. If you do not wish to furnish this information, please check the box below.

All members must initial form regardless if resident/applicant wishes to furnish the information. Adult member will initial for minors in the household.

Please initial:

HH #: #1 #2 #3 #4 #5 #6 #7

☐ Resident/Applicant: I do not wish to furnish information regarding ethnicity, race, and other household composition.

enter both ethnicity and race codes for each household member (see below for codes)

hh mbr #	last name	first name	mi	race code	ethnicity code	disability code
1						
2						
3						
4						
5						
6						
7						

race code	
1	African American/Black
2	American Indian/Alaskan Native
3	Asian
4	Asian Indian
5	Asian Other
6	Chinese
7	Filipino
8	Guamanian/Chamarro
9	Japanese
10	Korean
11	Native Hawaiian
12	Native Hawaiian/Pacific Islander
13	Pacific Islander Other
14	Samoan
15	Vietnamese
16	White
17	Other
18	Refused
19	Missing
20	Tenant declined to respond

ethnicity codes	
1	N/A
2	Hispanic
3	Non-Hispanic
4	Hispanic or Latino
5	Not Hispanic or Latino
6	Tenant declined to respond
7	Missing

disability codes	
1	Yes
2	No
3	Tenant declined to respond
4	Missing



Student Status Certification

This form should be completed yearly for every household. Student status should also be verified when a new household moves into a unit, and whenever the existing household composition changes.

Head of Household: _____

Unit Address: _____

Recertification Date: _____

Move-In Date: _____

Anyone attending classes at a qualifying educational institution is considered a student. This includes, but is not limited to, public or private elementary schools, middle schools, high schools, colleges, universities, technical, trade, and mechanical schools. This does not include on-the-job training courses.

Part A

Does the household contain at least one person who has not been/will not be a student for five months or more during the current or subsequent year? (This period does not need to be consecutive).....Yes ☐ No ☐

If the above box is checked "Yes" then no additional information is required. Please sign and date this form.

Part B

If the household is comprised entirely of students, please select the appropriate exemption below. Only one exception is needed to satisfy the LIHTC student rule.

1. All household members are students, but at least one person is a part time student...Yes ☐ No ☐
2. Household members are married (to each other) and entitled to file a joint tax return...Yes ☐ No ☐
3. At least one student is a single-parent, is not being claimed as a dependent by someone else, and is living with a child (or children) who they claim as a dependent on their tax return.....Yes ☐ No ☐
4. At least one student is receiving Temporary Assistance to Needy Families (TANF).....Yes ☐ No ☐
5. At least one student is participating in a workforce development program that receives assistance from the federal, state, or local government.....Yes ☐ No ☐
6. The household contains an individual who, at any time, was under the care of a state agency responsible for administering foster care.....Yes ☐ No ☐

Please include documentation for any exemption claimed by a tenant. Failure to document an exemption may cause this unit to be considered out of compliance for tax credit purposes.

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

X _____
Applicant/Tenant Signature

Date

X _____
Management Signature

Date

Less than \$5,000 or Zero Asset Verification

Updated 2022

If the total assets of a household do not exceed \$5,000 then this simplified form may be used in place of third-party verification. Only one form should be used for each household. Please note that due to IRS procedure 1-42.5, and the fact that supplemental verifications are not addressed in the Montana Qualified Allocation Plan, (QAP) this form cannot be used by projects that received 4% bond funding.

Project Name: Trinity Apartments Project #

Part A

Head of household name: Unit #

1. My household does not have any assets at this time.....Yes ☐ No ☐

If the above box is checked "Yes" then no additional information is required. Please sign and date this form.

Part B

If the household has any assets, please complete the table below.

Type of Asset	Present Cash Value	Annual Interest Rate	Annual Asset Income
Checking Account(s)	\$	%	\$
Savings Account(s)	\$	%	\$
Cash	\$	%	\$
Certificates of Deposit	\$	%	\$
Money Market Account(s)	\$	%	\$
Lump Sum Payment(s)	\$	%	\$
401K Account(s)	\$	%	\$
IRA Accounts(s)	\$	%	\$
Please list any additional asset types not described above.	Present Cash Value	Annual Interest Rate	Annual Asset Income
	\$	%	\$
	\$	%	\$
	\$	%	\$
	\$	%	\$
	\$	%	\$
Total Annual Income from Assets			\$

*This list is provided for convenience and is not comprehensive. Please refer to the HUD Handbook for a complete list of asset classes, inclusions, and exclusions.

Head of household signature

Date

Management signature

Date

CERTIFICATION OF CHILD SUPPORT

Name of Applicant/Resident: _____ Date _____

Apartment unit # _____ Social Security # _____

I currently receive child support in the amount of \$ _____ each ☐ week ☐ month.

I am currently eligible to receive child support in the amount of \$ _____ each ☐ week ☐ month.

On behalf of the following children living within the household: (list names of all children support is on behalf of even if amount is zero)

☐ I am not married, nor was I ever married to the other parent of child(ren) listed.

☐ Divorce is not yet final from the other parent of the child(ren) listed.

☐ Divorce from other parent is child(ren) is listed as final (attach copy of divorce decree)

☐ I have not received child support in 5 years and do not anticipate any in the future

☐ Child support is sent to the Welfare Office as a disregard (must be verified)

☐ I am the legal guardian and neither parent lives in the household (must provide documentation of guardianship)

If not receiving child support, please complete certification below and answer questions

I, _____ do hereby certify that I am not presently receiving any type of child support.

1. Do you have a case number with the Child Support Enforcement Agency? ☐ yes ☐ no (if yes # _____)

2. Have you received any type of child support in the past 12 months? ☐ yes ☐ no (if yes, when? _____)

3. Do you expect to receive child support? ☐ yes ☐ no

4. If you are eligible to receive child support payments, but are not receiving them, please describe your efforts to collect the payments, including court filings and/or contact with agencies responsible for enforcing a payment. Please provide documentation. _____

5. Do you receive child support payments directly from the parent(s) of the child(ren) listed? ☐ yes ☐ no

6. List below the name and address of each person(s) responsible for child support.

7. If you are not eligible to receive child support payments, please explain. _____

If applicable, please attach:

1. Copy of divorce decree

2. Notarized statement and/or verification from person paying child support

3. Notarized affidavit and copy of checks received

4. Child support verification form completed by person and/or agency paying child support

Resident/Applicant signature _____ Date _____

Manager Signature _____ Date _____

Warning: Section 1001 of Title 18 of the US Code makes it a criminal offense to make willful false statements or misrepresentation to any Department or Agency of the United States as to matters within its jurisdiction. I hereby certify that all the above information is true and correct.