

# Valley Residential Service (VRS)

## Tenant Income Questionnaire Certification Instructions

Valley Residential Services (VRS) \* 1075 Check Street, Suite 102 \* Wasilla, AK 99654 \* Phone: (907) 357-0256 \* Fax: (907) 357-0368  
[www.valleyres.org](http://www.valleyres.org) or email to [vrs@valleyres.org](mailto:vrs@valleyres.org)

When submitting your Certification Packet, please insure that a separate Certification Packet is completed for EACH applicant 18 and over who will reside in the unit and that the following information is completed, including all requested documentation. If placed on a waitlist or you haven't from VRS then you must call every 3 months and check status.

Please fill in every blank line on the forms. If not applicable, please leave blank and ask VRS if applicable. Do not use white-out on any forms in this packet. Any correction must be made by drawing a line through and initialing the error. Each form must be filled out completely even if you have provided the same information on a previous form. Please provide the following, where required:

- \_\_\_\_\_ Your full name, social security number, and date of birth, and copy of State ID
- \_\_\_\_\_ Your daytime and evening telephone numbers where you can be reached, or a good message #.
- \_\_\_\_\_ List all household members who will be living in the unit,
- \_\_\_\_\_ If you anticipate any additions to your household in the next twelve (12) months, please explain.
- \_\_\_\_\_ Current employment history of all employed household members **to include past 6 weeks pay stubs**,
- \_\_\_\_\_ Employment verification must be provided by your employer via fax or mail,
- \_\_\_\_\_ Non-Employment form if applicable
- \_\_\_\_\_ Additional income specifying where the money comes from and how much you receive monthly,
- \_\_\_\_\_ Provide current documentation from agencies such as: Current year's Social Security Benefit letter (dated no more than 90 days prior to certification), Public Assistance, Unemployment, Child Support, etc.
- \_\_\_\_\_ Provide name of banking institution and checking/savings/CD's/Bonds/Stocks/other assets with account numbers,
- \_\_\_\_\_ If you check "no" on the Permanent Fund Dividend Form then you must provide verification of ineligibility or denial. Garnishment of PFD will still count toward household income,
- \_\_\_\_\_ Other general information requested.

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\_\_\_\_\_ If the forms are incomplete or incorrect when they are submitted, it will slow down the annual certification process and could result in your household being out of compliance with your housing program. This is a violation of your lease and may cause termination of your program and lease.

Failure to provide requested certification information will cause a delay in processing and could negatively affect your application or certification for housing.

**For new applicants, failure to provide requested documentation could result in denial of application.**

NAME: _____ <input type="checkbox"/> Initial Certification <input type="checkbox"/> Re-certification <input type="checkbox"/> Other _____	TELEPHONE # _____ OR MESSAGE #: CIRCLE ONE Development Name _____ Unit # _____
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**EACH ADULT HOUSEHOLD MEMBER MUST COMPLETE THIS FORM**  
**INCOME INFORMATION**

YES	NO		MONTHLY GROSS INCOME
<input type="checkbox"/>	<input type="checkbox"/>	I am self employed. (List nature of self employment) _____	(use <u>net</u> income from self employment) \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I have a job and receive wages, salary, overtime pay, commissions, fees, tips, bonuses, and/or other compensation: List the businesses and/or companies that pay you:  <u>Name of Employer</u>  1) _____  2) _____	\$ _____  \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I have seasonal employment (fishing, agriculture, tourist industry, etc.):  <u>Identify type of seasonal employment</u> (identify employer if applicable)  1) _____  2) _____	\$ _____ (per season)  \$ _____ (per season)
<input type="checkbox"/>	<input type="checkbox"/>	I receive cash contributions of gifts, including rent or utility payments, on an ongoing basis from persons not living with me.	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I receive unemployment benefits.	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I receive Veteran's Administration, GI Bill, or National Guard/Military benefits/income.	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I receive Social Security Income (SSI, SSA, SSB, SSDI.)	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	The household receives <u>unearned</u> income from family members age 17 or under (example: Social Security, SSI, Trust Fund disbursements, etc.).	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I receive periodic Supplemental Security payment. <b>(NOT MONTHLY)</b>	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I receive disability or death benefits other than Social Security.	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I receive Public Assistance Income (examples: TANF, APA, ATAP, AFDC, General Assistance).	\$ _____

NAME: \_\_\_\_\_

UNIT # \_\_\_\_\_

**INCOME INFORMATION CONTINUED**

Yes	No		MONTHLY GROSS INCOME
<input type="checkbox"/>	<input type="checkbox"/>	I am entitled to receive child support payments.	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I am currently receiving child support payments.	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	If yes, from how many persons do you receive support? _____ I am currently making efforts to collect child support owed to me. List efforts being made to collect child support: _____ _____	
<input type="checkbox"/>	<input type="checkbox"/>	I receive alimony/spousal maintenance payments.	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I receive periodic payments from trusts, annuities, inheritance, retirement funds or pensions, insurance policies, or lottery winnings. If yes, list sources: 1) _____ 2) _____	\$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I receive income from real estate or personal property.	(use <u>net</u> earned income) \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I receive income from Alaska Senior Care program.	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I receive income from Native Dividends. List sources: _____ _____	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	The household will receive the Alaska Permanent Fund Dividend. If yes, how many people will receive the dividend? _____	\$ _____

**ASSET INFORMATION**

YES	NO		INTEREST RATE	CASH VALUE
<input type="checkbox"/>	<input type="checkbox"/>	I have a checking account(s). If yes, list all bank(s). 1) _____ 2) _____	_____% _____%	\$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I have a savings account(s). If yes, list all bank(s). 1) _____ 2) _____	_____% _____%	\$ _____ \$ _____

NAME: \_\_\_\_\_

UNIT # \_\_\_\_\_

**ASSET INFORMATION CONTINUED**

YES	NO		INTEREST RATE	CASH VALUE
<input type="checkbox"/>	<input type="checkbox"/>	I have an online bank account(s). If yes, list all institution(s). 1) _____ 2) _____	_____% _____%	\$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I have a debit card(s). If yes, list type of card(s). 1) _____ 2) _____	_____% _____%	\$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I have a revocable trust(s). If yes, list bank(s). 1) _____	_____%	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I own real estate. If yes, provide description and location: _____		\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I own stocks, bonds, or Treasury Bills. If yes, list sources/bank names. 1) _____ 2) _____ 3) _____	_____% _____% _____%	\$ _____ \$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I have Certificates of Deposit (CD) or Money Market Account(s). If yes, list sources/bank names. 1) _____ 2) _____ 3) _____	_____% _____% _____%	\$ _____ \$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I have an IRA / Lump Sum Pension / Keogh Account / 401K. If yes, list bank(s). 1) _____ 2) _____	_____% _____%	\$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I have a <u>whole</u> life insurance policy. If yes, how many policies _____		\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I have cash on hand.		\$ _____

NAME: \_\_\_\_\_

UNIT # \_\_\_\_\_

**ASSET INFORMATION CONTINUED**

YES	NO		INTEREST RATE	CASH VALUE
<input type="checkbox"/>	<input type="checkbox"/>	I have disposed of assets (i.e. gave away money/assets) for less than the fair market value in the past 2 years.  If yes, list items and date disposed: 1) _____ 2) _____		\$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I have income from assets or sources other than those listed above.  If yes, list type below: 1) _____ 2) _____	_____% _____%	\$ _____ \$ _____

**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.**

\_\_\_\_\_  
PRINTED NAME OF APPLICANT/TENANT

\_\_\_\_\_  
SIGNATURE OF APPLICANT/TENANT

\_\_\_\_\_  
DATE



**ANNUAL STUDENT CERTIFICATION**  
**(This form must be completed by each adult household member)**

NAME: \_\_\_\_\_

UNIT # \_\_\_\_\_

UNIT DESIGNATION  LIHTC  HOME  LIHTC & HOME

**Complete the following if occupying a LIHTC unit**

YES NO

<input type="checkbox"/>	<input type="checkbox"/>	Will all of the persons in your household be or have they been full-time students (Kindergarten and higher. Examples: Elementary, High School, College/University, trade school, etc.) during five (5) calendar months of the current and/or upcoming calendar year? <i>(Please note that the five calendar months do not have to be consecutive)</i>
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If you answered NO to this question please proceed to the bottom of the questionnaire and sign and date.

If you answered YES to this question please specify which of the following exceptions your household meets.

<input type="checkbox"/>	<input type="checkbox"/>	Are you receiving assistance under Title IV of the Social Security Act (AFDC/TANF)?
<input type="checkbox"/>	<input type="checkbox"/>	Are you enrolled in a job training program receiving assistance through the Job Training Participation Act (JTPA) or other similar program?
<input type="checkbox"/>	<input type="checkbox"/>	Are you married and filing a joint tax return
<input type="checkbox"/>	<input type="checkbox"/>	Are you a single parent with a dependent child or children and neither you nor your child(ren) are dependent(s) of another individual other than a parent of such children
<input type="checkbox"/>	<input type="checkbox"/>	Are you a student who was previously under the care and placement responsibility of the state agency responsible for administering a plan under part B or part E of title IV of the Social Security Act

\*\*If none of the above five (5) exceptions have been identified, the household does not qualify to reside in a LIHTC unit.\*\*

**Complete the following if occupying a HOME unit**

YES NO

<input type="checkbox"/>	<input type="checkbox"/>	Are you a student at an institution of higher education (including but not limited to post-secondary colleges / universities and vocational institutes)?
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If you answered NO to this question please proceed to the bottom of the questionnaire and sign and date.

If you answered YES to this question please specify which of the following exceptions your household meets.

<input type="checkbox"/>	<input type="checkbox"/>	Are you over the age of 24?
<input type="checkbox"/>	<input type="checkbox"/>	Are you a veteran of the United States military?
<input type="checkbox"/>	<input type="checkbox"/>	Are you married?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have a dependent child?
<input type="checkbox"/>	<input type="checkbox"/>	Have you been independent of your parents for at least one year? <i>(emancipated minor or youth aging out of foster care)</i>

\*\*If none of the above five (5) exceptions has been identified, the household must income qualify including the income and assets of their parents.\*\*

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.

\_\_\_\_\_  
PRINTED NAME OF APPLICANT/TENANT\_\_\_\_\_  
SIGNATURE OF APPLICANT/TENANT\_\_\_\_\_  
DATE\_\_\_\_\_  
WITNESSED BY (SIGNATURE OF OWNER/REPRESENTATIVE)\_\_\_\_\_  
DATE

**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.

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

Development Name: \_\_\_\_\_ City: \_\_\_\_\_

**Complete the following:****1. Choose one:**

I/we do not have any assets at this time. (if this box is checked, write N/A draw a line through the asset information below, place a zero in #3, sign and date)

**OR**

My/our assets include: (Please complete fully. Write N/A on any blank line that does not apply)

(A) Cash Value*	(B) Int. Rate	(A*B) Annual Income	Source	(A) Cash Value*	(B) Int. Rate	(A*B) Annual Income	Source
\$ _____	_____	\$ _____	Savings Account	\$ _____	_____	\$ _____	Checking Account
\$ _____	_____	\$ _____	Cash on Hand	\$ _____	_____	\$ _____	Safe Deposit Box
\$ _____	_____	\$ _____	Certificates of Deposit	\$ _____	_____	\$ _____	Money market funds
\$ _____	_____	\$ _____	Stocks	\$ _____	_____	\$ _____	Bonds
\$ _____	_____	\$ _____	IRA Accounts	\$ _____	_____	\$ _____	401K Accounts
\$ _____	_____	\$ _____	Keogh Accounts	\$ _____	_____	\$ _____	Trust Funds
\$ _____	_____	\$ _____	Equity in real estate	\$ _____	_____	\$ _____	Land Contracts
\$ _____	_____	\$ _____	Lump Sum Receipts	\$ _____	_____	\$ _____	Capital investments
\$ _____	_____	\$ _____	Online Bank Account	\$ _____	_____	\$ _____	Debit/gift card
\$ _____	_____	\$ _____	Life Insurance Policies (excluding Term)				
\$ _____	_____	\$ _____	Other Retirement/Pension Funds not named above:				_____
\$ _____	_____	\$ _____	Personal property held as an investment** :				_____
\$ _____	_____	\$ _____	Other (list):				_____

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 the disabled.

**2. Choose one:**

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: \$ \_\_\_\_\_ (\*the difference between FMV and the amount received, for each asset on which this occurred).

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.

**3. Please complete:**

**The net family assets (as defined in 24 CFR 813.102) above do not exceed \$5,000 and the total annual income (add all annual income columns) 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.

Applicant/Tenant Signature \_\_\_\_\_

Date \_\_\_\_\_

Applicant/Tenant Signature \_\_\_\_\_

Date \_\_\_\_\_



## VERIFICATION OF ASSETS

### THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY TENANT

TO: (Name & address of financial institution) \_\_\_\_\_ Date: \_\_\_\_\_

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

RE: \_\_\_\_\_ Applicant/Tenant Name      \_\_\_\_\_ Social Security Number      \_\_\_\_\_ Unit # (if assigned)

I hereby authorize release of my information.

\_\_\_\_\_  
 Signature of Applicant/Tenant      \_\_\_\_\_ Date

The individual named directly above is an applicant/tenant of a housing program that requires verification of income. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

\_\_\_\_\_  
 Project Owner/ Management Agent

**MAIL OR FAX THIS FORM TO:**

**Valley Residential Services**  
**1075 S Check St Ste 102**  
**Wasilla AK 99654**  
**(907)357-0256 Phone**  
**(907)357-0368 Fax**

### THIS SECTION TO BE COMPLETED BY FINANCIAL INSTITUTION

**Checking Accounts:**

Account #	Six (6) Month Average Balance	Interest Rate

**Savings Accounts / Money Market Accounts:**

Account #	Current Balance	Interest Rate

**Certificates of Deposit:**

Account #	Cash Value	Interest Rate	Date of Maturity	Cost to Withdrawal Early

Safety Deposit Box?     Yes     No

\_\_\_\_\_  
 Signature      Printed Name      Date

\_\_\_\_\_  
 Phone #      Fax #      E-mail

**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.





29565

# Verification of Deposit Housing Assistance Agencies



For faster processing, please complete the form on your computer before printing.

This form is for housing assistance agencies requesting consumer deposit information. Please complete the form including the customer authorization signature and fax to the number noted below. Your completed request will be faxed to the return fax number provided on this form.

**TYPE or complete in BLACK INK. Use only CAPITAL LETTERS**

Fax Requests To.....1-844-879-0412  
 Online Instructions.....www.wellsfargo.com/biz/vod  
 Balance Confirmation Services.....1-540-563-7323

## SECTION 1: REQUESTER INFORMATION

V a l l e y R e s i d e n t i a l S e r v i c e s

Company Name

A n g i e M i l l s

Attention

1 0 7 5 S C h e c k S t S t e 1 0 2

Street Address

W a s i l l a A K 9 9 6 5 4

City

State

Zip

a n g i e @ v a l l e y r e s . o r g

Requester Email (optional)

9 0 7 - 3 5 7 - 0 2 5 6

Requester Phone Number

9 0 7 - 3 5 7 - 0 3 6 8

Return Fax Number

## SECTION 2: CUSTOMER INFORMATION

Customer One Full Name (First Middle Last)

Customer Two Full Name (First Middle Last)

Customer One Social Security Number

Account Number(s) (Required)

Month / Day / 20 Year

## CUSTOMER AUTHORIZATION

I/We authorize and direct Wells Fargo Bank to release the following information to the above mentioned requestor on my deposit accounts listed above or if only a Social Security Number is provided, all open depository accounts: Account Number, Account Type, Open or Closed, Account Holder(s), Current/Closing Balance, Open/Close Date, Current Interest Rate, Previous Six Average Statement Balances and Previous Six Months Interest Paid. In addition, CDs and IRAs will include: Term, Maturity Date, Interest Payment, Interest Method and Penalty.

Signature of Account Holder

Date

Signature of Account Holder

Date



This institution is an equal opportunity provider.

## ALASKA PERMANENT FUND DIVIDEND CERTIFICATION

The Alaska Permanent Fund Dividend is available to Alaska Residents who have been a resident of the State for at least 1 calendar year (January 1st - December 31st). An Alaska Resident is defined as an individual who is physically present in the State with the intent to remain in the State indefinitely and to make a home in the State.

### SECTION: I

Please complete the following information: List all members that will be living in this household & provide date of birth, eligible or not eligible to receive PFD and date of AK. Residency for each household member.

	Print Name of Household Member	Date of Birth	Eligible and / or received PFD Yes or No	Date of Alaska Residency
1				
2				
3				
4				
5				
6				
7				
8				

If all household members listed above were Eligible, & you answered "YES", received the PFD then you have completed this statement. Please sign & date in section III below.

If any household members listed above were Ineligible & you answered "NO", did not receive the PFD, please write the household member line number listed above, under appropriate reason in Section II below.

### Section: II

	Did not meet Alaska residency requirement of 1-year and will not meet the requirement before they are issued again.
	Did not meet Alaska residency requirement of 1-year but will meet the requirement before they are issued again.
	Alaska State Eligible Resident & applied but, my/our application was received by PFD office after deadline date.
	Garnishment by IRS, State, Civil lawsuit, lien, child support or other.
	Other, Explain:

All Household members that answered "NO", to receiving the PFD may be required to provide additional documentation as proof of non-receipt.

### Section: III

I/We certify that the above information is true and correct. Under penalty of perjury, I certify the above representations to be true and accurate to the best of my knowledge.

Applicant/Tenant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant/Tenant \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NON-EMPLOYED STATUS CERTIFICATION**

Apartment Number: \_\_\_\_\_

Applicant / Resident Name: \_\_\_\_\_

I confirm that:

- I am not currently employed in any capacity.
- I have no intention of becoming employed in the next 12 months.
- I do not receive unemployment compensation or other benefits as a result of my non-employment status.
- I am not under any other obligation to obtain employment.
- The reason I am not seeking employment is: \_\_\_\_\_

\_\_\_\_\_.

- I am not presently employed but I anticipate becoming employed in the next 12 months.
- Based on my educational background, prior experience and career training, I anticipate starting employment as a \_\_\_\_\_.
- I anticipate earning \$ \_\_\_\_\_ per hour working \_\_\_\_\_ hours per week.
- I anticipate starting employment on \_\_\_\_\_.

This information is supported by the attached documentation:

- \_\_\_\_\_ Previous year's tax returns
- \_\_\_\_\_ Previous job and salary history
- \_\_\_\_\_ Written confirmation from a new employer
- \_\_\_\_\_ Three current employment advertisements showing average compensation
- \_\_\_\_\_ Other \_\_\_\_\_

I will be using the following sources of funds to pay for rent and other necessities: \_\_\_\_\_

\_\_\_\_\_

I understand that this certification and supporting documentation is made as part of the qualification procedure to determine eligibility for residency and that any misrepresentation herein will be considered a material breach of the lease and subjects me to immediate eviction.

Under penalty of perjury, I certify the above representations to be true and accurate to the best of my knowledge.

\_\_\_\_\_  
Applicant / Resident\_\_\_\_\_  
Date

**EMPLOYMENT VERIFICATION**

**THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY TENANT**

TO: (Name & address of employer) \_\_\_\_\_ Date: \_\_\_\_\_

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

RE: \_\_\_\_\_ Applicant/Tenant Name      \_\_\_\_\_ Social Security Number      \_\_\_\_\_ Unit # (if assigned)

I hereby authorize release of my employment information.

\_\_\_\_\_  
 Signature of Applicant/Tenant      \_\_\_\_\_ Date

The individual named directly above is an applicant/tenant of a housing program that requires verification of income. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

\_\_\_\_\_  
 Project Owner/ Management Agent

**MAIL OR FAX THIS FORM TO:**

**Valley Residential Services**  
 1075 S Check St Ste 102  
 Wasilla AK 99654  
 (907)357-0256 Phone  
 (907)357-0368 Fax

**THIS SECTION TO BE COMPLETED BY EMPLOYER**

Employee Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Presently Employed: Yes \_\_\_\_\_ Date First Employed \_\_\_\_\_ No \_\_\_\_\_ Last Day of Employment \_\_\_\_\_  
Current Wages/Salary: \$ \_\_\_\_\_ (circle one) hourly weekly bi-weekly semi-monthly monthly yearly other \_\_\_\_\_

Average # of regular hours per week: \_\_\_\_\_ Year-to-date earnings: \$ \_\_\_\_\_ from \_\_\_/\_\_\_/\_\_\_ through \_\_\_/\_\_\_/\_\_\_

Overtime Rate: \$ \_\_\_\_\_ per hour      Average # of overtime hours per week: \_\_\_\_\_

Shift Differential Rate: \$ \_\_\_\_\_ per hour      Average # of shift differential hours per week: \_\_\_\_\_

Commissions, bonuses, tips, other: \$ \_\_\_\_\_ (circle one) hourly weekly bi-weekly semi-monthly monthly yearly other \_\_\_\_\_

Included in the year-to-date figure above?  Yes  No

List any anticipated change in the employee's rate of pay within the next 12 months: \_\_\_\_\_; Effective date: \_\_\_\_\_

Does the employee participate in a 401 (k) retirement account?  Yes  No      Can the employee access the funds?  Yes  No

If the employee's work is seasonal or sporadic, please indicate the layoff period(s): \_\_\_\_\_

Additional remarks: \_\_\_\_\_

\_\_\_\_\_  
 Employer's Signature      Employer's Printed Name      Date

\_\_\_\_\_  
 Employer [Company] Name and Address

\_\_\_\_\_  
 Phone #      Fax #      E-mail

**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.



**Child Support Certification**

Unit Number: \_\_\_\_\_

Applicant / Resident Name: \_\_\_\_\_

Child(ren) name(s): \_\_\_\_\_

**PLEASE CHECK ALL THAT APPLY:** I **AM legally entitled** to receive child support and I **am currently receiving support**. (Attach verification of collection) I **AM legally entitled** to receive child support; **however, I am not currently receiving support AND:** (check one of the following) I am **ACTIVELY** in the process of seeking monies for child support through the child support enforcement agency or other legal channels. I am pursuing support for the following child/children: \_\_\_\_\_

\_\_\_\_\_(Attach verification of collection attempts)

 I am **NOT ACTIVELY** in the process of seeking any monies for child support through legal channels for the following child/children: \_\_\_\_\_

\_\_\_\_\_(Attach copy of child support order)

 I certify that I am **NOT legally entitled** to receive child support pursuant to any court order or other agreement for the following child/children: \_\_\_\_\_ Although I do not receive child support I **do receive** the following from the non-custodial parent:

	Average value per month
Food	\$
Diapers, clothing and other household items	\$
Payment of utility, car insurance, or other monthly bill	\$
Health insurance and child care	\$
Other items not listed above	\$

*(Attach verification of recurring gift)* I **do not receive** support from the non-custodial parent. Although child support has not been ordered at this time I **anticipate receiving** such an order in the next twelve (12) months in the amount of \_\_\_\_\_ per month starting \_\_\_\_\_. Child support is not an issue for this household as both parents reside in the home.

I understand it is my responsibility to notify the landlord of any changes to the status of child support. 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\_\_\_\_\_  
Printed Name of Applicant/Tenant\_\_\_\_\_  
Date

## AUTHORIZATION FOR RELEASE OF INFORMATION

Your signature on this form authorizes Valley Residential Services (VRS) to obtain information on your income, financial position and personal history to determine your eligibility for rental housing. This authorization and the information obtained may be given to any Federal, State, or local program that is enforcing applicable housing rules and regulations.

Persons and/or organizations that may be contacted include, but are not limited to: employers, financial institutions, landlords, local governments, Native corporations, the State of Alaska's Permanent Fund Dividend (PFD) Division, child support enforcement agencies, private individuals, public assistance agencies, law enforcement agencies, school authorities, the Social Security Administration, and unearned income sources. Therefore, this consent form authorizes the release of income, financial, and personal information from all of the persons and organizations described above, including directly from financial institutions, regarding any period(s) within the last 5 years.

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for rental housing with Valley Residential Services (VRS).

### COMPUTER MATCHING NOTICE AND CONSENT

I understand and agree that Valley Residential Services (VRS) may conduct computer matching programs to verify the information supplied for my application. If a computer match is done, I understand that I have a right to disprove any information that may be incorrect.

### CONDITIONS

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file with Valley Residential Services (VRS) and will stay in effect fifteen (15) months from the date signed. I understand that I have a right to review my file and correct any information that may be incorrect.

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**Applicant/Resident Name (Please print)**

**Date**

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**Applicant/Resident Signature**

**Date**

### 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 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 the 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 42 U.S.C. 208a (6), (7), and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408a (6), (7), and (8).

**Race and Ethnic Data Reporting Form**

U.S. Department of Housing and Urban Development  
Office of Housing

OMB Approval No. 2502-0204  
(Exp. 06/30/2017)

[Redacted]		[Redacted]
<b>Name of Property</b>	<b>Project No.</b>	<b>Address of Property</b>
[Redacted]		[Redacted]
<b>Name of Owner/Managing Agent</b>	<b>Type of Assistance or Program Title:</b>	
[Redacted]		[Redacted]
<b>Name of Head of Household</b>	<b>Name of Household Member</b>	
[Redacted]		
<b>Date (mm/dd/yyyy):</b> [Redacted]		

<b>Ethnic Categories*</b>	<b>Select One</b>
Hispanic or Latino	[Redacted]
Not-Hispanic or Latino	[Redacted]
<b>Racial Categories*</b>	<b>Select All that Apply</b>
American Indian or Alaska Native	[Redacted]
Asian	[Redacted]
Black or African American	[Redacted]
Native Hawaiian or Other Pacific Islander	[Redacted]
White	[Redacted]
Other	[Redacted]

\*Definitions of these categories may be found on the reverse side.

**There is no penalty for persons who do not complete the form.**

[Redacted Signature]	[Redacted Date]
<b>Signature</b>	<b>Date</b>

**Public reporting burden** for this collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the format as part of their new interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

## RACE & ETHNICITY DATA FORM

HOUSEHOLD COMPOSITION							
Mbr#	First Name	Last Name	Head	Spouse	Other Adult	Child	Other
1							
2							
3							
4							
5							
6							
7							

Race	HOH Mbr 1	Mbr 2	Mbr 3	Mbr 4	Mbr 5	Mbr 5	Mbr 6	Mbr 7
White								
Black/African American								
American Indian/Ak Native								
Asian								
Native Hawaiian/Pacific Islander								
Choose not to Disclose								

Ethnicity	HOH Mbr 1	Mbr 2	Mbr 3	Mbr 4	Mbr 5	Mbr 5	Mbr 6	Mbr 7
Hispanic/Latino								
Not Hispanic/Lanino								
Choose not to Disclose								