



VALLEY RESIDENTIAL SERVICES TENANT INCOME QUESTIONNAIRE (TIQ)

NAME: _____ UNIT #: _____

- Initial Certification
 Re-certification
 Other: _____

SOCIAL SECURITY #: _____
 TELEPHONE #: _____
 PROPERTY NAME: _____

EACH ADULT HOUSEHOLD MEMBER MUST COMPLETE THIS FORM

INCOME INFORMATION

YES	NO		<u>MONTHLY GROSS INCOME</u>
<input type="checkbox"/>	<input type="checkbox"/>	I am self-employed . (List nature of self-employment, work as an independent contractor, including gig work, should be identified here.) 1) _____ 2) _____	(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 (identify employer if applicable)</u> 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 people not living with me. (i.e. family or friends)	\$ _____
<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 periodic Social Security payments .	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	The household receives <u>unearned</u> income from family members 17 years of age or under (example: Social Security, SSI, Trust Fund disbursements, etc.).	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I receive Supplemental Security Income (SSI) .	\$ _____
<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). Do not include SNAP (Food Stamps) .	\$ _____





VALLEY RESIDENTIAL SERVICES TENANT INCOME QUESTIONNAIRE (TIQ)

NAME: _____ UNIT #: _____

INCOME INFORMATION (Continued)		MONTHLY GROSS INCOME
YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	<p>I am currently receiving child support payments. If yes, please identify below from whom you receive support?</p> <p>1) _____</p> <p>2) _____</p> <p style="text-align: right;">\$ _____ \$ _____</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>I receive alimony / spousal maintenance payments. If yes, please identify below from whom you receive support?</p> <p>_____</p> <p style="text-align: right;">\$ _____</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>I receive periodic payments from trusts, annuities, inheritance, retirement funds or pensions, insurance policies, or lottery winnings. If yes, list sources:</p> <p>1) _____</p> <p>2) _____</p> <p style="text-align: right;">\$ _____ \$ _____</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>I receive income from real estate or personal property.</p> <p style="text-align: right;">(use <u>net</u> earned income) \$ _____</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>I receive periodic distributions from an individual retirement account. If yes, list financial institution(s).</p> <p>1) _____</p> <p>2) _____</p> <p style="text-align: right;">\$ _____ \$ _____</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>I receive income from Alaska Senior Care program.</p> <p style="text-align: right;">\$ _____</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>I receive income from Native Dividends.</p> <p>1) _____</p> <p>2) _____</p> <p>3) _____</p> <p style="text-align: right;">\$ _____ \$ _____ \$ _____</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>The household will receive the Alaska Permanent Fund Dividend. If yes, how many people will receive the dividend? _____</p> <p style="text-align: right;">\$ _____</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>I receive student financial aid and rental assistance through a Section 8 Voucher, Section 8 Rental Assistance program or rental assistance through USDA RD. If yes, identify the institute of higher education you are attending below.</p> <p>_____</p> <p style="text-align: right;">\$ _____ (Annual amount of financial assistance received)</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>I have a crowd funding account (GoFundMe, Kickstarter, Patreon, etc.)</p> <p style="text-align: right;">\$ _____</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>I receive income from another source not identified above. If yes, identify source of income below.</p> <p>1) _____</p> <p>2) _____</p> <p style="text-align: right;">\$ _____ \$ _____</p>



VALLEY RESIDENTIAL SERVICES TENANT INCOME QUESTIONNAIRE (TIQ)

NAME: _____ UNIT #: _____

ASSET INFORMATION			
YES	NO		
		<u>INTEREST RATE</u>	<u>CASH VALUE</u>
<input type="checkbox"/>	<input type="checkbox"/>	I have a checking account(s). If yes, list all bank(s). 1) _____ 2) _____ 3) _____	_____ % _____ % _____ % \$ _____ \$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I have a savings account(s). If yes, list all bank(s). 1) _____ 2) _____ 3) _____	_____ % _____ % _____ % \$ _____ \$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I have an online bank account(s) <i>(Not attached to the checking and/or savings account(s) identified above)</i> . If yes, list all institution(s). 1) _____ 2) _____ 3) _____	_____ % _____ % _____ % \$ _____ \$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I have a debit card(s). <i>(Not attached to the checking and/or savings account(s) identified above)</i> . If yes, list type of card(s). 1) _____ 2) _____ 3) _____	_____ % _____ % _____ % \$ _____ \$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I have cash apps (Venmo, Google Pay, Apple Pay, Cash App, etc.).	_____ % \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I have a revocable trust(s). If yes, list trustor(s). 1) _____ 2) _____	_____ % _____ % \$ _____ \$ _____
<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 cryptocurrency (i.e., Bitcoin, Litecoin, Dash). If yes, identify the type of cryptocurrency below: 1) _____ 2) _____	_____ % _____ % \$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I have Certificates of Deposit (CD) or Money Market Account(s). If yes, identify financial institutions below. 1) _____ 2) _____ 3) _____	_____ % _____ % _____ % \$ _____ \$ _____ \$ _____





VALLEY RESIDENTIAL SERVICES TENANT INCOME QUESTIONNAIRE (TIQ)

NAME: _____ UNIT #: _____

ASSET INFORMATION (Continued)		<u>INTEREST RATE</u>	<u>CASH VALUE</u>
YES	NO		
<input type="checkbox"/>	<input type="checkbox"/>	I have land contracts. If yes, list address(es) below: 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) _____ %	\$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I own real estate. If yes, provide description and location: _____ I have a loan on the property. If yes, clarify the amount currently owed \$ _____ Please clarify the status of property (i.e., occupied by other family members, unsuitable for occupancy, in process of selling) below: _____	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I have personal property held as an asset. <i>*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.</i>	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I have a <u>whole</u> life insurance policy. (Term life policies need not be identified). If yes, how many policies _____	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I have cash on hand.	\$ _____
<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"/>	Has anyone received any lump sum payment(s) in the past 2 years (i.e., lottery/gambling/inheritance)? If yes, identify source of lump sum payment and date received: 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.

Applicant / Tenant Name (Please Print)

Applicant / Tenant Signature

Date





VALLEY RESIDENTIAL SERVICES 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 VRS rental housing. This authorization and the information obtained may be given to Federal, State or local programs 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, school authorities, the Social Security Administration, law enforcement agencies, and unearned income sources. Therefore, this consent form authorizes the release of income, financial, and personal information from all 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 VRS rental housing.

COMPUTER MATCHING NOTICE AND CONSENT

I understand and agree that 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 the 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 VRS and will stay in effect for 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.

Applicant / Resident Name (Please Print)

Date

Applicant / Resident Signature

Date

STATEMENT OF TRUTH:

I understand that all the information given on this form is subject to verification. Any information determined to be false or untrue will result in permanent cancellation of this application. I authorize release of information regarding my credit, references (personal / landlord, etc.), criminal history, and financial information to a representative of VRS for a period of fifteen (15) months from the date signed above.



VALLEY RESIDENTIAL SERVICES 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 one (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, social security #, driver's license or state ID #, eligible or not eligible to receive PFD and date of AK. residency for each household member.

	Print Name of Household Member	Date of Birth	Social Security Number	Driver's License or State ID # <i>(for all adults 18 years or older)</i>	Eligible and / or received PFD Yes or No	Date of Alaska Residency
1						
2						
3						
4						
5						
6						

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

Section: II

If any household members listed above were Ineligible & you answered "NO", to receiving the PFD, please write the household member line number listed above, under appropriate reason in Section II below.

	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, liens, 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: _____





VALLEY RESIDENTIAL SERVICES UNDER \$50,000 ASSET CERTIFICATION

TO BE COMPLETED BY ADULT HOUSEHOLD MEMBERS ONLY

HOUSEHOLD NAME: _____ UNIT #: _____

DEVELOPMENT NAME: _____ CITY: _____

1. Choose one:

- I do not have any assets currently. (If this box is checked, draw a line through the asset information below, place a zero in #3, sign and date)
- My assets include:

(Please complete fully: Put a zero in any blank line that does not apply.)

ASSET SOURCE	CASH VALUE	INTEREST RATE	ANNUAL INCOME
Checking Account	\$	%	\$
Checking Account	\$	%	\$
Savings Account	\$	%	\$
Savings Account	\$	%	\$
Cash on Hand	\$	%	\$
Debit / Gift / Cash Card (i.e. Direct Express)	\$	%	\$
Cash Apps (Venmo, PayPal, Apple Pay, Cash App, etc.)	\$	%	\$
Online Bank Account	\$	%	\$
Certificate of Deposits (CDs)	\$	%	\$
Safety Deposit Box	\$	%	\$
Stocks	\$	%	\$
Bonds	\$	%	\$
Money Market Funds	\$	%	\$
Cryptocurrency / Bitcoin	\$	%	\$
Trust Funds	\$	%	\$
Lump Sum Receipts (inheritance, lottery, gambling)	\$	%	\$
Equity in Real Estate	\$	%	\$
Land Contracts	\$	%	\$
Personal Property held as an investment	\$	%	\$
Life Insurance Policies (excluding Term)	\$	%	\$
Other (List):	\$	%	\$
Other (List):	\$	%	\$

PLEASE NOTE: Certain funds (e.g., Trust Funds) 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 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 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 total \$ _____ (*the difference between FMV and the amount received for each asset on which this occurred)
- I 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 24CFR 813.102) above do not exceed \$50,000 and the total annual income (all annual income columns) is \$ _____. This amount is included in the 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 Name (Please Print) _____ Applicant / Tenant Signature _____ Date _____





VALLEY RESIDENTIAL SERVICES ANNUAL STUDENT CERTIFICATION

THIS FORM MUST BE COMPLETED BY EACH ADULT HOUSEHOLD MEMBER

APPLICANT / TENANT NAME: _____ **UNIT #:** _____

UNIT DESIGNATION: **LIHTC** **HOME** **NHTF** **NSP**

COMPLETE THE FOLLOWING, IF OCCUPYING A LIHTC UNIT

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Will all of the people 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>

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 another 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, NHTF, and/or NSP 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)?

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 _____

