

# Beechwood Place

beechwood@intermarkmgt.com

## Qualifications:

- \*Meet income guidelines: minimum monthly income of 2 times the monthly rent and cannot exceed allowed maximum yearly income limits.
- \*Credit History, Criminal Background & Rental History will be checked and verified.

## Fees:

- \*Application Fee: \$35 per Applicant – Married Couples will apply on one application.
- \*Holding Fee: \$50.00 per household.

**THE APPLICATION FEE AND HOLDING FEE MUST BE PAID ON SEPARATE MONEY ORDERS.**

- \*Security Deposit: \$300 - \$600 based on credit and rental history.

**YOUR APPLICATION & HOLDING FEES MUST BE PAID AT THE TIME OF APPLICATION BY MONEY ORDERS ONLY. ONCE YOUR APPLICATION IS APPROVED, YOUR SECURITY DEPOSIT MUST BE PAID IN FULL BEFORE YOU TAKE POSSESSION OF YOUR APARTMENT.**

## Documents Needed:

- \*Government Issued Photo ID for all adult Members of the Household
- \*Social Security Cards for all Members of the Household
- \*Birth Certificates for all minors.

**The following items are required where applicable to prove income status:**

- \*6 most recent pay stubs.
- \*Copy of Court Order for Child Support and 12 month print out of payments.
- \*If you receive Social Security, Pension, and/or Annuity Benefits, we will need a recent proof of income letter from benefit provider. This document can not be more than 120 days old.
- \*If you receive 401K Benefits, you must provide your most recent statement showing the current balance.
- \*If you own a home and/or land, you must provide your most recent Property Tax Bill/Notice. If you have a mortgage on the home and/or land, you must also provide a mortgage payoff letter.
- \*If you have Whole or Universal Life Insurance, a copy of the policy must be provided.
- \*Six (6) months of bank statement for all bank accounts must be provided – do not discard any blank pages of the statements.

**INTERMARK MANAGEMENT CORPORATION**  
 PHONE # (803) 790-2000  
 Application Coversheet & Instructions

**Beechwood Place Apartments**

Community Name

**Thank you for applying to live at our community. Please complete the rental application in its entirety. An application cannot be accepted unless it is complete.**

**Qualifications:**

Be advised that the application process requires the Household to pass a two (2) part screening process. The two criteria necessary to meet eligibility are 1) Credit/Criminal/ & Rental Screening, hereinafter referred to as “background screening” and 2) Income Verification/Eligibility, hereinafter referred to as “income eligibility”. Passing one criteria does not constitute an approval for residency. BOTH must be met to be eligible for approval.

\_\_\_\_\_ *Applicant(s) Initials.*

Your application will be screened and verified when an apartment becomes available. Upon approval of background screening you will have 10 days to provide requested documents to verify income eligibility. If you do not provide all documents within 10 days, we may, at our sole discretion, place your application back on the waiting list and lease the apartment to another candidate.

\_\_\_\_\_ *Applicant(s) Initials.*

**Fees:**

\*Application Fee: \$35 per Household Member over the age of 18. Married Couples will apply on one application.

**Applicant understands the application fee is non refundable.** \_\_\_\_\_ *Applicant(s) Initials.*

**No cash accepted. All monies must be submitted by cashier’s check or money order.**

**Application Checklist**

Below is a list of common documents that may be required for verifications. The list below is not all inclusive. If these documents are applicable to your household please bring them with you when submitting the application.

<u>Identification:</u>
<ul style="list-style-type: none"> <li>• Driver’s License or Government issued picture ID</li> </ul>
<ul style="list-style-type: none"> <li>• Social Security card for all household members (For Verification Purposes)</li> </ul>
<ul style="list-style-type: none"> <li>• Birth certificate for household members UNDER 18 years of age</li> </ul>

<u>Income/Asset Verification:</u>
<ul style="list-style-type: none"> <li>• 6 months of recent and consecutive bank statements for all checking accounts and current statement of savings accounts. *All frequent cash deposits (CashApp/Paypal/Venmo) will need explanation</li> </ul>
<ul style="list-style-type: none"> <li>• Employment Verification (8 weeks of recent and consecutive paystubs)</li> </ul>
<ul style="list-style-type: none"> <li>• Current Quarterly Statement (401k, 403B, Retirement)</li> </ul>
<ul style="list-style-type: none"> <li>• Current Social Security/SSI Benefit Letter</li> </ul>

<u>Child Support/Alimony:</u>
<ul style="list-style-type: none"> <li>• Court Order</li> </ul>
<ul style="list-style-type: none"> <li>• Payment History Print Out (Last 12 Months)</li> </ul>

### Application Instructions

1. Please print in ink. Do not use pencil.
2. All co-applicants 18 years and older (whom are not married to each other) must each complete a separate application.
3. **Applicant Information:** Please fill in all blanks. If a question does not apply to you or your family, write "none" or " Ø " - **DO NOT WRITE "N/A"**.
4. **Household Information:** Answer "**Total Number Occupants**" under the shaded bar.
5. Complete all questions in the "**Household Members**" box and be sure to answer "**Student Status**" indicating either "**YES**" (student) or "**NO**" (not a student).
6. Complete all questions under "**Student Status**" and "**Pets**" sections.
7. Please do not use white out or correction fluid. If you make a mistake, cross through once and initial:

**EXAMPLE:**     ~~\$203 FLL~~

8. **Applicant Employment Status:** Don't forget to answer the "Employment Status" and "**hours worked**" questions. **DO NOT ANSWER "N/A"**.
9. **Other Income:** Complete this section IN FULL. Fill in EACH blank and write " Ø " (again, do not use "N/A") if the income is not applicable to your situation.
10. Don't overlook "**changes in income**" at the bottom of the page.
11. Please complete all questions in **Sections III and IV**. Only use " Ø " or the actual numeric value to answer.
12. Please sign and date your application on the last page.

### Please return Application Packets too:

**Intermark Management Corporation**  
**C/O: Beechwood Place**  
**808-B Lady Street**  
**Columbia, SC 29201**

[tellus@intermarkmgmt.com](mailto:tellus@intermarkmgmt.com)

InterMark Management Corporation would like to hear from you.  
Please take a minute and share any comments or suggestions you may have.

Thank you for giving us a moment of your valuable time.

INTERMARK MANAGEMENT CORPORATION  
PHONE # 803- 790-2000  
LIHTC / TAX BOND RENTAL APPLICATION

**BEECHWOOD PLACE APARTMENTS**  
COMMUNITY NAME

**PLEASE PRINT USING INK**  
**DO NOT USE WHITE OUT OR N/A**

NOTE: Co-applicant must complete a separate application form

1. APPLICANT INFORMATION

Name (Last, First, Middle) \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Cellular Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Current Street Address, City, State, Zip Code \_\_\_\_\_

How Long? \_\_\_\_\_ Yrs \_\_\_\_\_ Mths  Rent  Own  Other (explain) \_\_\_\_\_

Apartment or Landlord's Name \_\_\_\_\_ Phone \_\_\_\_\_ Date Moved \_\_\_\_\_

Marital Status  Single  Married  Divorced  Separated  Widow(er)

COMPLETE IF AT CURRENT ADDRESS LESS THAN TWO (2) YEARS

Previous Street Address, City State, Zip Code \_\_\_\_\_

How Long? \_\_\_\_\_ Yrs \_\_\_\_\_ Mths  Rent  Own  Other (explain) \_\_\_\_\_

Apartment or Landlord's Name \_\_\_\_\_ Phone \_\_\_\_\_ Date Moved \_\_\_\_\_

SPOUSE INFORMATION

Name (Last, First, Middle Initial) \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Cellular Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Current Street Address, City, State, Zip Code \_\_\_\_\_

How Long? \_\_\_\_\_ Yrs \_\_\_\_\_ Mths  Rent  Own  Other (explain) \_\_\_\_\_

Apartment or Landlord's Name \_\_\_\_\_ Phone \_\_\_\_\_ Date Moved \_\_\_\_\_

COMPLETE IF AT CURRENT ADDRESS LESS THAN TWO (2) YEARS

Previous Street Address, City State, Zip Code \_\_\_\_\_

How Long? \_\_\_\_\_ Yrs \_\_\_\_\_ Mths  Rent  Own  Other (explain) \_\_\_\_\_

Apartment or Landlord's Name \_\_\_\_\_ Phone \_\_\_\_\_ Date Moved \_\_\_\_\_

InterMark Management Corporation is an Equal Housing Opportunity company,  
with projects in compliance with 504 and Fair Housing Regulations



**II. HOUSEHOLD INFORMATION**

Names, relationships, etc. of ALL persons who will be occupying the unit

Total Number Occupants

**NOTE – Birth Certificates Must Be Provided For All Minor Household Members.  
Documentation of custody may be required in certain cases**

Name	Relationship to Applicant	Date of Birth	Social Security #	Student Status (FT, PT or NO)
	<u>Head of Household</u>			
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**NOTE – Unborn children are considered for bedroom size only**

**STUDENT STATUS:** Are all of the residents students?  YES  NO

If YES, please list all institutions attended by all adults \_\_\_\_\_

If YES: Is the household comprised of a single parent and child, neither of whom is a dependent of a third party?  YES  NO

If YES: Are Applicant or Co-applicant married and filing a joint tax return?  YES  NO

If YES: Does the household receive AFDC/TANF/FI (Form #234)?  YES  NO

If YES: Is an adult household member a participant in a federal, state or local job training program?  YES  NO

If YES: Was at least one household member 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 (foster care)  YES  NO

Will anyone, who is not now a full-time student, become a full-time student in the next 12 months?  YES  NO

If YES, Name(s) \_\_\_\_\_

**PETS:** Do you own any pets?  YES  NO If YES, what type/quantity \_\_\_\_\_

**Would you or anyone in your household benefit from a wheelchair or other handicapped accessible unit?  YES  NO**

**If so, would you like to request an adapted unit?  YES  NO**

**III. INCOME INFORMATION**

**APPLICANT EMPLOYMENT STATUS:**

**Circle all applicable:**    Employed full-time    Employed part-time    Self-employed Form #229    Non-employed Form #236    Unemployed

Applicant Name \_\_\_\_\_ Rate of Pay \$ \_\_\_\_\_ per  Hour  Week  Month  Year

Present Employer \_\_\_\_\_ Telephone No. \_\_\_\_\_ Length of Time Employed \_\_\_\_\_

Position \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Number of hours worked per week \_\_\_\_\_ Do you expect to earn overtime?  YES  NO Amt. of overtime per month\$ \_\_\_\_\_

Commission, Bonus or Tips \_\_\_\_\_ per  Hour  Week  Month  Year

**SPOUSE EMPLOYMENT STATUS or SECOND JOB INFORMATION:**

**Circle all applicable:**      Employed full-time      Employed part-time      Self-employed Form #229      Non-employed Form #236      Unemployed

Applicant Name \_\_\_\_\_ Rate of Pay \$ \_\_\_\_\_ per  Hour  Week  Month  Year

Present Employer \_\_\_\_\_ Telephone No. \_\_\_\_\_ Length of Time Employed \_\_\_\_\_

Position \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Number of hours worked per week \_\_\_\_\_ Do you expect to earn overtime?  YES  NO Amt. of overtime per month\$ \_\_\_\_\_

Commission, Bonus or Tips \_\_\_\_\_ per  Hour  Week  Month  Year

**OTHER INCOME:**

Note: Applicants must complete this section in order to determine qualification for residency within the Federal LIHTC /Tax Exempt Bond Program. Although this information is voluntary under the Federal Fair Housing Act, failure to provide such information may result in non-qualification for residency for any rental unit in these Affordable Housing Programs.

Other Income Includes: Alimony, child support, welfare, unemployment, aid to dependent children, social security, annuities insurance policies, retirement benefits, pensions and other regular periodic payments. Please consult the leasing personnel for a complete list of other income.

*List below from all members of the household all income derived from all sources and who receives the income.*

**NOTE: List all sources of income from all members of the household NOT previously listed above.**

Type	Amount Per Month	Received By	Organization and Phone #
Welfare (TANF / AFDC / FI)	\$ _____	_____	_____
Alimony/Child Support	\$ _____	_____	_____
Disability Income/Workers Compensation	\$ _____	_____	_____
Dividends/Interest (stocks, bonds, etc.)	\$ _____	_____	_____
Military Pay	\$ _____	_____	_____
Pension/Retirement	\$ _____	_____	_____
Social Security	\$ _____	_____	_____
SSI Benefits	\$ _____	_____	_____
Unemployment Benefits	\$ _____	_____	_____
Income From Parents/Family	\$ _____	_____	_____
Veterans Benefits Claim # _____	\$ _____	_____	_____
Other: _____	\$ _____	_____	_____
Other: _____	\$ _____	_____	_____

Do you anticipate any changes in employment or other income in the next 12 months?  YES  NO

If YES, explain: \_\_\_\_\_

**IV. ASSET INFORMATION**

**ASSETS:**

Assets Include: Cash (wherever held), trust corpus, equity in real estate or capital investment, notes receivable, stocks, bonds, money market accounts. IRAs, retirement and pension funds, and luxury personal property (gems, jewelry, art, coin collections, antique non-daily use items, etc.)

Assets Do Not Include: Necessary personal property such as clothing, jewelry, furniture, daily-use autos, tools, dishes, etc. Also excluded is any special equipment for use by the handicapped, cash value of life insurance policies, and assets of a business.

**List below any assets held by any member of the applicant household.**

**CHECKING ACCOUNT** Name of Bank \_\_\_\_\_

Balance \$ \_\_\_\_\_ Interest Rate % \_\_\_\_\_

**SAVINGS / MONEY MARKET ACCOUNT** Name of Bank \_\_\_\_\_

Balance \$ \_\_\_\_\_ Interest Rate % \_\_\_\_\_

**PRE-PAID DEBIT CARD** Name of Bank / Issuer \_\_\_\_\_

Balance \$ \_\_\_\_\_

**CERTIFICATE OF DEPOSIT** Name of Bank \_\_\_\_\_

Balance \$ \_\_\_\_\_ Interest Rate % \_\_\_\_\_

**IRA / 401 (K) ACCT** Name of Bank / Fund \_\_\_\_\_

Balance \$ \_\_\_\_\_ Interest Rate % \_\_\_\_\_

**TRUST ACCOUNT(S) OR SAVINGS BOND(S)** Name of Bank / Fund \_\_\_\_\_

Balance \$ \_\_\_\_\_ Interest Rate % \_\_\_\_\_

Maturity Date \_\_\_\_\_ Value \$ \_\_\_\_\_

**INSURANCE POLICY (WHOLE/UNIVERSAL/VARIABLE)**

Name of Provider / Fund \_\_\_\_\_

Balance \$ \_\_\_\_\_ Interest Rate % \_\_\_\_\_

Maturity Date \_\_\_\_\_ Value \$ \_\_\_\_\_

**OTHER:** \_\_\_\_\_

**WHAT ARE THE ANTICIPATED EARNINGS ON ALL HOUSEHOLD ASSETS FOR THE NEXT YEAR?**

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

**1. Do you own any antiques or collectibles etc.?**  YES  NO If yes, please list \_\_\_\_\_

**2. Other Assets (Lump Sum Payments)**  YES  NO If yes, please list \_\_\_\_\_

**3. Do you own any property?**  YES  NO If YES, list the type of property \_\_\_\_\_

**4. Is there rental income from the above property?**  YES  NO If YES, amount per month \$ \_\_\_\_\_

**5. Have you disposed of any assets for less than Fair Market Value during the two preceding years?**  YES  NO  
If YES, please list \_\_\_\_\_

**V. OTHER INFORMATION**

1. Have you ever been evicted from tenancy?  YES  NO

2. Vehicles: List any vehicles owned.

Type of vehicle \_\_\_\_\_ Year/Make \_\_\_\_\_ Color \_\_\_\_\_ License Plate # \_\_\_\_\_

Type of vehicle \_\_\_\_\_ Year/Make \_\_\_\_\_ Color \_\_\_\_\_ License Plate # \_\_\_\_\_

3. How did you hear about this community? \_\_\_\_\_

In case of an emergency notify: \_\_\_\_\_

Address and Phone Number: \_\_\_\_\_

It is my understanding that any and all information pertinent to my payment record and housekeeping habits during my tenancy at this address may be made available to other apartment communities or landlords to which I might apply in the future. Management reserves the right to reject applicant if false or incomplete information is given or may also terminate the lease agreement if information is found to be false or incomplete at a later date. The information collected on this form may be released to appropriate federal, state, and local agencies when relevant to civil, criminal or regulatory proceedings. Section 1001 of Title 18, United States Code, provides, "Whoever, in any matter within the jurisdiction of any department agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact, or makes any fictitious or fraudulent statements or representations or makes or uses any false writing or document knowing the same to contain any false, fictitious, or fraudulent statement of entry shall be fined not more than \$10,000 or imprisoned not more than five years, or both."

***ONLY THOSE PERSONS LISTED ON THIS APPLICATION MAY LIVE IN THE APARTMENT WITHOUT THE WRITTEN PERMISSION OF THE LANDLORD OR AGENT.***

A security deposit is required for all apartments to consider an apartment "held" for an applicant during the certification process. Upon receipt of the security deposit, the applicant has 72 hours to cancel this agreement and receive a refund; after 72 hours the security deposit will be forfeited in order to cover the cost of holding the apartment off the market. A written 30-day notice of intent to vacate is required before you can vacate your apartment. Your security deposit will be refunded if the proper written 30-day notice has been given and the premises are left in the condition of initial occupancy. The deposit shall be retained by Owner, if it is determined that you have provided false information on this application. In the event this application is disapproved, or the lease agreement is not consummated for any reason for which the Owner is responsible, the deposit will be returned to applicant within thirty (30) days from date of receipt of such by address provided on this application or address otherwise given to Agent by applicant in writing. **Applicant hereby deposits \$ 50.00 as HOLDING DEPOSIT. Upon Application approval, the Holding Deposit will be applied to my Security Deposit and I will be required to pay the remainder of the Security Deposit at or before taking possession of the apartment.** Applicant hereby waives any claim to damages by reason of non-acceptance. At the end of my lease term I understand that any security deposit refund will be made payable to all parties listed as tenant on the lease and the said check will be mailed to one (1) address provided by tenant in writing. Any variation from this policy must be requested in writing by tenant(s)

\_\_\_\_\_ **Tenant(s) Initials.**

**I understand the \$35.00 application fee is non-refundable.** This application is made with the understanding that it is subject To acceptance by Owner and subject to execution by an officer of said company and delivery of a lease covering said premises. (Application processing time will vary depending on the quantity of third party verifications required.) I agree that if my application is approved, the scheduled date for my occupancy of Apartment # \_\_\_\_\_, will be (date) \_\_\_\_\_. Should I fail to move-in on the scheduled date indicated, I understand that I will be required to begin paying rent on the apartment, as if I had taken possession. I understand that I am applying for a lease term of 12 full months commencing on the above mentioned move in date at a monthly rental of \$ \_\_\_\_\_ excluding options. It is the policy of this company to require a written application from all perspective residents prior to signing a lease. We require a fully executed lease on all apartments prior to move-in. The answers to the questions on this application, along with the results of the investigation conducted helps determine the selection of our residents. This application must be completed in its entirety before it will be processed to be placed on a waiting list. If you need assistance in completing this application, please inform the Site Representative of the type of assistance you need.

I understand that **Beechwood Place Apartments** is currently under construction and as such my move-in date is subject to completion under guidelines outside the control of management. My anticipated date of move-in will be \_\_\_\_\_; however I will hold harmless any parties involved if I am unable to take occupancy on that date. Management agrees to refund the refurbishment portion of the holding fee if the apartment is not available within 10 days of anticipated move-in date. However, should I fail to move-in on the scheduled date indicated and the apartment is available for occupancy, I understand that I will be required to begin paying rent on the apartment, as if I had taken possession.

Applicant

This community is operated under a Low-Income Housing Tax Credit program (LIHTC). The LIHTC is authorized and governed by Section 42 of the Internal Revenue Code. The rents in this community are restricted and there are maximum income limits which apply to these apartment homes. The current maximum income limits provided by the monitoring agency selected by the IRS in your state are posted in the Leasing Office for your review. The anticipated income of all persons expecting to occupy the apartment must be provided and verified via third party written verification prior to your application being approved. Prior to move-in a tenant certification must be executed attesting all information given on this application is accurate and complete.



This community is operated under a Tax Exempt Bond program authorized by the Internal Revenue Code of 1986, as amended and governed by Section 501 ( C ) (3) Bonds, hereafter referred to as "the Program." The rents in this community for "Type A" residents are restricted based on household size and there are maximum income limits which apply to these apartment homes for "Type A" and "Type B" residents defined by the Program. The current maximum income limits provided by the South Carolina Housing Finance and Development Authority are posted in the Leasing Office for your review. The anticipated income of all persons 18 years of age and older expecting to occupy the apartment must be provided and verified via third party written verification prior to your application being approved. Prior to move-in a Household Income Certification must be executed attesting all information given on this application is accurate and complete.

**I hereby authorize the release of any information necessary to process my application. I further understand that it may be necessary to obtain a criminal background report and or a credit report.**

\_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_\_  
Applicant Signature / Date

\_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_\_  
Spouse Signature / Date

I understand that eligibility for residency will be based on Low-Income Housing Income Limits and regulations (please read the designated section checked above) as well as InterMark Management Corporation's Resident Qualification Standards for **Beechwood Place Apartments**. I understand that the Qualification Standards are posted in the Site Office for review. I certify that all information in this application is true, complete and correct to the best of my knowledge and I understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. I have read and understand all statements contained within this entire rental application.

\_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_\_  
Applicant Signature / Date

\_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_\_  
Spouse Signature / Date

**TO BE COMPLETED BY SITE ADMINISTRATOR**

Tentative Move In \_\_\_\_\_ Unit Number \_\_\_\_\_ Set Aside % \_\_\_\_\_  
Rent Amount \_\_\_\_\_ Bdrm Size \_\_\_\_\_ Section 8 \_\_\_\_\_ YES \_\_\_\_\_ NO  
Copies of identification on each applicant obtained by \_\_\_\_\_ (initials)

**FOR CENTRAL OFFICE USE**

Application received and reviewed (Date/Time/AM or PM) \_\_\_\_\_

Compliance Specialist: \_\_\_\_\_

Was application complete? \_\_\_\_\_ YES \_\_\_\_\_ NO

If NO, date of mailing notice of an incomplete application \_\_\_\_\_

Supporting Data received in its entirety: \_\_\_\_\_

Approved \_\_\_\_\_ Rejected \_\_\_\_\_ Date \_\_\_\_\_ Date Notice Mailed to Applicant \_\_\_\_\_

## InterMark Management Corporation

**APPLICANT INFORMATION RELEASE FOR:** \_\_\_\_\_  
**Resident/Applicant**

**Property Name: BEECHWOOD PLACE**

I hereby authorize the release of the following information:

**Credit and Rental History, Criminal Background, Employment and Student Status, Expenses (Medical and Childcare), Assets, Social Security** and any and all **Household Income** to Intermark Management Corporation, the managing agent for the above listed apartment community. Information obtained under this consent is limited for residency application purposes and valid for only one hundred - twenty (120) days.

I will hold your business, any former employers, and any other persons giving references free of liability for the exchange of this information and any other reasonable and necessary information incident to this verification process.

I have read the foregoing and fully understand the contents thereof.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Name (Print)

\_\_\_\_\_  
 Social Security Number

\_\_\_\_\_  
 Date

**PENALTIES:**

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 disclosure 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 42 U.S.C. 208 (f) (g) and (h). Violation of these provisions are cited as violations of 42 U.S.C. 408 (f) (g) and (h).

# ANNUAL STUDENT CERTIFICATION

Effective date \_\_\_\_\_  
 Move in date \_\_\_\_\_

Under the Low Income Housing Tax Credit Program households comprised of full time students are not eligible for tax credits unless they meet one of the student exceptions. This document is the Annual Student Certification to confirm the student status of the resident(s) residing in the following unit:

Property Name \_\_\_\_\_ Unit Number \_\_\_\_\_  
 Head of Household Name: \_\_\_\_\_ BIN# \_\_\_\_\_

Check A, B, or C, as applicable to the resident(s) in the unit. Note: Students include those attending kindergarten through a PhD and all other types such as barber/beauty, police academies, technical, trade and mechanical schools.

- A.  Household contains at least one occupant who is not a student and has not been or will not be a student for five months or more out of the current and/or upcoming calendar year (months do not need to be consecutive). If checked, no further information is necessary.
- B.  Household contains all students, but is qualified because the following occupant(s) is/are part time student(s). Verification of part time student status is required for at least one resident. Part time Student(s): \_\_\_\_\_
- C.  Household contains all FULL TIME students for five or more months out of upcoming calendar year (months need not be consecutive). If this box is checked, answer questions 1-5 below:

1. Are the students married and entitled to file a joint tax return? YES NO  
 (Required documentation: marriage certificate or tax return)
2. 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) are not a dependent of someone else other than a parent? YES NO  
 (Required documentation: divorce or child custody agreement or parent's most recent tax return)
3. Is at least one student receiving Temporary Assistance to Needy Families (TANF)? YES NO  
 (Required documentation: verification of assistance)
4. Does at least one student participate in a program receiving assistance under the Job Training Partnership Act, Workforce Investment Act, or under similar federal, state or local program? YES NO  
 (Required documentation: verification of participation)
5. Does the household consist of at least one student who was previously under foster care? YES NO  
 (Required documentation: verification of participation)

Full-time student households that are income eligible and satisfy one of the 5 above conditions or exceptions are tax credit eligible. If any of the questions 1 -5 are marked NO, or verification is missing or does not support the exception, the household is considered an ineligible student household.

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

All household members 18 years of age or older must execute and date.

Signature	Date	Signature	Date
Signature	Date	Signature	Date

# BEECHWOOD PLACE

## ALIMONY / CHILD SUPPORT AFFIDAVIT

I, \_\_\_\_\_ do hereby attest that I understand that the apartment community for which application is being made is financed through a program governed by HUD /Tax Credit / RD wherein qualifications for occupancy require that certain income, including child support / alimony, be included and verified. The following statements are true and correct to the best of my knowledge, information, and belief. I further understand that providing false information on this form may jeopardize my residency at these apartments and may be punishable under federal or state statutes.

(Check all boxes which apply)

I certify that I am entitled to support for the following person (the full ordered amount must be listed):

Child	Amount per (week / bi-weekly / monthly)	verified Via legal agreement / document
	\$	
	\$	
	\$	
	\$	

Support has not been ordered to be paid through the courts, but recurring support is received in the form of cash / clothing etc. (must complete a gift income form)

Child	Amount per (week / bi-weekly / monthly)	Verified Via Provider Affidavit
	\$	
	\$	
	\$	
	\$	

Support has been court ordered. However, no support is being received.

Child	Amount per (week / bi-weekly / monthly)	Verified via documented Attempt to enforce
	\$	
	\$	
	\$	
	\$	

Support has not been court ordered and I am not receiving voluntary payments or contributions. I do not anticipate receiving support within the next 12 months.

Child	Child	Spouse/Ex-Spouse

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

\_\_\_\_\_  
Date

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Notary Signature \_\_\_\_\_

Notary Public, State of \_\_\_\_\_

My commission expires \_\_\_\_\_

