BAYVIEW HOUSING PARTNERS APPLICATION

Unit Number:_____Anticipated Move In:_____

COMPLETE ENTIRE APPLICATION, ANSWER ALL QUESTIONS, AND PROVIDE ADDITIONAL DATA AS REQUESTED

All Residents 18 years of age and older must complete their own application.

Current contact information: Phone_____Email: _____

LIST ALL PERSONS TO OCCUPY UNIT LAST NAME FIRST MI	RELATIONSHIP	SOCIAL SECURITY # -	DATE OF BIRTH	Marital Status (Single/Married/Separated / Divorced/Widowed)
	Applicant			

☐ **YES** ☐ **NO** Are any members of the household currently, have been in the current calendar year, or will be in next 12 months, a **student** (including, but not limited to, K-12, College, Trade School, etc.) **If YES, check one** ☐ **Full-Time** ☐ **Part-Time** and provide the name of household members (use additional page(s) if needed).

Provide Housing History for Last Two Years: (attach additional pages if needed.)

Have you previously lived outside of the State of Wisconsin? YES NO

If YES, what states? _____

Present Address:_____ _____ _____ _____
Street City State Zip Code

Dates Resided Here (month/year) _____ to_____ **Did you Own this Residence? YES NO**

Rent $_____ **Reason for leaving:** _____

Present Address:_____ _____ _____ _____
Street City State Zip Code

Dates Resided Here (month/year) _____ to_____ **Did you Own this Residence? YES NO**

Rent $_____ **Reason for leaving:** _____

Present Address:_____ _____ _____ _____
Street City State Zip Code

Dates Resided Here (month/year) _____ to_____ **Did you Own this Residence? YES NO**

Rent $_____ **Reason for leaving:** _____

We encourage and support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, color, religion, sex, national origin, handicap or familial status. This institution is an equal opportunity provider.

INCOME

Answer ALL questions by circling Y (yes) or N (no). ALL income must be disclosed, and the estimated amount anticipated in the next 12 months. Income includes any regular or periodic income, payments, money, or gifts received by adult household members and all unearned income received on behalf of minors.

CIRCLE ONE	TYPE OF INCOME	NAME OF PLACE WHERE INCOME IS EARNED	CONTACT INFORMATION (if applicable) NAME/PHONE/FAX/EMAIL	ESTIMATED INCOME FOR NEXT 12 MONTHS
Y N	Employment - current			$
Y N	Employment - current			$
Y N	Previous Employment (in last 12 months)			$
Y N	Self-Employment – includes GIG economy income			$
Y N	Retirement accounts with regular scheduled or required distributions			$
Y N	Pension			$
Y N	FEDERAL Social Security	Provide a copy of award letter(s)		$
Y N	FEDERAL SSI	Provide a copy of award letter(s)		$
Y N	STATE Social Security	Provide a copy of award letter(s)		$

Do you file Income Taxes? [ ] YES [ ] NO

Y N	Disability Pay/Workman's Comp.			$
Y N	Unemployment Compensation	Provide printout or benefit letter		$
Y N	Veterans Benefits			$
Y N	Anticipated Income			$
Y N	Child Support/ Alimony			$
Y N	Grants or Scholarships. *Amounts received that exceed the cost of tuition may be counted as income			$
Y N	Public Assistance (NOT Food Benefits)			$
Y N	Recurring Gift(s) – (monetary or non-monetary in nature)			$
Y N	Rental Income / Land Contract Pay			$
Y N	Crowd Funding (e.g., GoFundMe Account)	Provide transaction history/current statement		$

Is there any adult household members currently unemployed? [ ] YES [ ] NO

***If yes, who _____.**

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ASSETS

Answer ALL questions by circling Y (yes) or N (no). ALL assets must be disclosed and where each asset is held and the current estimated cash value.

CIRCLE ONE	TYPE OF ASSET	NAME OF PLACE WHERE ASSET IS HELD	CONTACT INFORMATION (if applicable) NAME/PHONE/FAX/EMAIL	ESTIMATED BALANCE/CASH VALUE
Y N	Checking			$
Y N	Savings			$
Y N	Certificate of Deposit			$
Y N	Trust Account			$
Y N	Direct Express/Pre-paid Card	Provide current balance printout		$
Y N	Peer-to-peer payment Apps (e.g., PayPal, Venmo, etc.)	Provide transaction history/current statement		$
Y N	Money Market			$
Y N	Mutual Funds/Stocks/Bonds			$
Y N	Annuity/Pension – held as asset, not in disbursement/no withdrawals			$
Y N	IRA/401k/403(b)/Keogh			$
Y N	WHOLE Life Insurance			$
Y N	Real Estate Owned/Land Contract			$
Y N	Lump Sum Payment			$
Y N	Safe Deposit Box			$
Y N	Virtual Currency (e.g., bitcoin)	Provide transaction history/current statement		$
Y N	Any other asset not listed			$
Y N	Total cash on hand is more than $500 ***(not including money held in the accounts listed above)***			
Y N	Total assets are LESS than $50,000 ***(for whole household)***			
Y N	Disposed of/given away assets for less than fair market value in the past 2 years			

1. Did you receive a Tax Refund this year? **[ ] YES [ ] NO**
   a. **If YES, how much? _____**
2. Is there any household member temporarily absent? **[ ] YES [ ] NO**
   a. **If YES, how long _____. Do you intend to move them in at a later date? [ ] YES [ ] NO**
3. Do you anticipate any changes in your household in the next 12 months? **[ ] YES [ ] NO**
4. Are there any household members currently absent? **[ ] YES [ ] NO**
   a. **If yes how long? _____**
5. Do all minors listed live in household at least 50% of the time? **[ ] YES [ ] NO**
6. Do you currently recieve Section 8, live in a Section 8 property or have a portable voucher? **[ ] YES [ ] NO**
   a. **If YES Explain: _____.**

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The undersigned certify that the information and statements provided in this application are true and complete to the best of my knowledge and belief. I/We understand that providing false information or making false statements may be grounds for denial of my application and may subject me to criminal penalties. I/We agree to provide verification of all income and assets as required by the Owner or its agent. I/We certify that, if approved, this will be my/our primary residence. **This property uses a third-party scoring model to screen credit and criminal history and the scoring parameters are subject to change. By completing this application and signing below, applicants grant Owner and its agents permission to confirm the above information supplied, as well as run criminal and credit background checks. The information obtained will only be used for determining eligibility in applicable housing programs and will be kept confidential and not released outside of this scope. This release for information will expire thirteen (13) months from the date of signature.**

EACH HOUSEHOLD MEMBER 18 YEARS OR OLDER MUST SIGN AND DATE BELOW

Applicant Date

Household Member Date

Household Member Date

Household Member Date

Household Member Date

Household Member Date

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Bayview

AUTHORIZATION FOR RELEASE OF INFORMATION

TO: VERIFICATIONS

DATE:_____ APT#:_____

PROPERTY NAME:_____

APPLICANT/RESIDENT:_____

FROM:_____

_____

_____

EMAIL:_____

TEL#:_____

FAX#:_____

In order to comply with federal regulations requesting verification of all income, assets, assistance, and expenses (medical/childcare) for residents of tax credit or other affordable housing programs, please complete the attached verification and return it as soon as possible.

AUTHORIZATION:

I/We hereby authorize release of any information requested by Bayview Housing, as agent for Owner, regarding my/our income, assets, assistance, and expenses (medical/childcare). I/We understand and agree that photocopies of this authorization may be used for the purposes stated above.

_____ _____ _____ _____

Applicant Signature Date Social Security Number(s)

TERMS AND CONDITIONS:

The above-named organization, its subsidiaries or managing agents may obtain information regarding my income, assets, expenses and household status for purpose of determining my eligibility for participation in any required affordable housing program, including but not limited to: Low INCOME Housing Tax Credit Program, HUD Housing Assistance Payments Program(s), TE Bond, HOME, USDA Rural Development.

The information obtained will only be used for determining eligibility in applicable housing programs and will be kept confidential and not released outside of this scope. This release for information will expire thirteen (13) months from the date of signature.

OFFICE USE ONLY:

We encourage and support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, color, religion, sex, national origin, handicap or familial status. This institution is an equal opportunity provider.

Bayview Housing Partners LLC

HTC FORM 600 A - ASSET SELF-CERTIFICATION

For households whose combined net assets do not exceed the applicable Imputed Income Limitation.

(Complete only one form per household; include assets of children.)

For the following asset types, include the current Cash Value of **each** asset held by any family member and the actual income that the asset earns. *Cash value is ***current*** **market value minus cost to convert** an asset to cash, such as broker's fees, settlement costs, outstanding loans, penalties for early withdrawal, etc.*****

Household Name:		Unit#:	

PART I. ASSETS DISPOSED OF FOR LESS THAN FAIR MARKET VALUE (FMV)

☐ Yes ☐ No	Within the past two (2) years, I/we have sold or given away assets below their fair market value (FMV).

Asset #1:		Date of Disposal:		FMV - amt received:	
Asset #2:		Date of Disposal:		FMV - amt received:	

PART II: FEDERAL TAX RETURN OR REFUNDABLE FEDERAL TAX CREDIT

Have you received a federal tax return or refundable federal tax credit in the last 12 months?	☐ Yes ☐ No
Amount of return/credit:	$

PART III: NON-NECESSARY PERSONAL PROPERTY (NNPP)

☐ **Yes** ☐ **No**	**I/we do not have any non-necessary personal property** (Yes=True, I/we do not have NNPP. No= I/we have NNPP)

Type of Asset	**(A) Cash Value***	**(B) Annual Income**	**Type of Asset**	**(A) Cash Value***	**(B) Annual Income**
Cash on Hand	$	N/AP	Cryptocurrency	$	$
Pre-paid Debit Card (including Govt. Benefits)	$	N/AP	Money Market/ CD	$	$
Checking/Savings	$	$	Annuities	$	$
Checking/Savings	$	$	Brokerage Account	$	$
Savings	$	$	Stocks/Bonds	$	$
Internet based assets (Cash App, Venmo, PayPal, Crowdfunding, etc.)	$	$	Other: _____	$	$
Whole Life Insurance	$	$	Other: _____	$	$

Non-Account Based

Possessions not general held in an account such as vehicles used for recreation (e.g., RVs, ATVs, and Boats), antique cars, collectibles (e.g. stamps, jewelry, coins, and artwork.), and equipment/machinery that is not used to generate income for a business

Description	**(A) Cash Value ***
	$
	$
	$
	$

PART IV. REAL PROPERTY

☐ **Yes** ☐ **No**	**I/we do not have any real property** (Yes=True, I/we do not have real property. No= I/we have real property)

Description of Property	**(C) Cash Value***	**(D) Income**
	$	$
	$	$

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of a lease agreement.

Signature of Applicant/Tenant _____ Date _____ Signature of Applicant/Tenant _____ Date _____

PENALTIES FOR MISUSING THIS CONTENT: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than $5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7), and (8). Violations of these provisions are cited as violations of 42 USC 408 (a), (6), (7), and (8).

Bayview Housing Partners LLC

103 LaMariposa Lane Madison, WI 53715
608-256-7808 Fax: 608-256-2386

AUTHORIZATION FOR ELECTRONIC CORRESPONDENCE

RE: Applicant/ Tenant : _____

Address: _____ Unit: _____

I hereby consent to receiving electronic correspondences from Bayview Housing Partners as well as the Bayview Foundation regarding housing, programing or any other correspondences.

These methods include but are not limited to email, text, fax.

_____ _____

Authorized Signature Date

Bayview Housing Partners LLC

HTC Form 800 A
STUDENT SELF-CERTIFICATION

This annual Student Self-Certification is in connection with the undersigned's application/occupancy in the following apartment:

Head of Household Name: _____ Unit No. if assigned: _____

Unit Address: _____

Move-in Date if applicable: _____ Effective Date: _____

Check A, B, or C as applicable (note that "students" include those attending public or private elementary schools, middle or junior high schools, senior high schools, colleges, universities, technical, trade, online, or mechanical schools, but does not include those attending on-the-job training courses):

A. _____ Household contains at least one occupant who is not a student and has not been/will not be a student for five months or more out of the current and/or upcoming calendar year (months need not be consecutive). If this item is checked, no further information is needed **(Do not answer questions 1-5)**. Sign and date below.

B. _____ Household contains all students but is qualified because the following occupant(s) _____ is/are a PART-TIME student(s) who have not been/will not be a full-time student for five months or more of the current and/or upcoming calendar year. (Part-time is defined as any amount of schooling that is not considered full-time by the applicable educational institution.) Verification of part-time student status is required for at least one occupant. If this item is checked, no further information is needed **(Do not answer questions 1-5)**. Sign and date below.

C. _____ Household contains <u>all</u> 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 this item is checked, questions 1-5 below must be completed:**

1. Is any member married and entitled to file a joint tax return? (attach marriage certificate or tax return) ☐ YES ☐ NO
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) is/are not dependent(s) of someone other than a parent? (attach student's most recent tax return and, if applicable, divorce/custody decree or other parent's most recent tax return) ☐ YES ☐ NO
3. Is at least one student receiving Temporary Assistance to Needy Families (TANF)? (provide release of information for verification purposes) ☐ YES ☐ NO
4. Does at least one student participate in a program receiving assistance under the Workforce Innovation and Opportunity Act or under other similar federal, state, or local laws? (attach verification of participation) ☐ YES ☐ NO
5. Does the household consist of at least one student who has ever been under the care and placement responsibility of the state agency responsible for administering foster care? (provide verification of participation) ☐ YES ☐ NO

*Full-time student households that satisfy any one of the above conditions are considered eligible. If C is checked and questions 1-5 are marked **NO** or verification does not support the exception indicated, the household is considered ineligible.*

Under penalties of perjury, I/we certify that the information presented in this Annual Student Certification is true and accurate to the best of my/our knowledge and belief. I/we 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.

All household members aged 18 or older must sign and date.

Printed Name	Signature	Date

Printed Name	Signature	Date
Printed Name	Signature	Date
Printed Name	Signature	Date