

RESIDENT ELIGIBILITY APPLICATION (REA)

Property Name: _____ **Unit #:** _____

Household Name: _____

Current HH Size: _____ Effective Date of Certification: _____ Initial Certification
 Number of Bedrooms: _____ Original Certification Date: _____ Re-Certification

Certification Type:

THE FOLLOWING SECTION IS TO BE COMPLETED ENTIRELY BY THE APPLICANT/RESIDENT

HOUSEHOLD COMPOSITION:

Hshld Mbr	First Name	Last Name	MI	Date of Birth mm-dd-yyyy	SSN *See page 4 Last 4 digits	Fulltime Student Status **
Head	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

*** Have you in this calendar year or will you in the next calendar year, be a fulltime student for five months or more?*

Household Member's Name: _____

Contact Phone: _____ Contact E-mail: _____

Income Source or Employer: _____ Phone: _____

Address: _____

Position: _____ Hire Date: _____

Supervisor: _____ Income/Salary: \$ _____

Household Member's Name: _____

Contact Phone: _____ Contact E-mail: _____

Income Source or Employer: _____ Phone: _____

Address: _____

Position: _____ Hire Date: _____

Supervisor: _____ Income/Salary: \$ _____

RESIDENT ELIGIBILITY APPLICATION (REA)

An **Adult** household members (see Instructions page for definition of **Adult**) must complete an REA. Adults should list all their income/assets for the next 12 month period beginning on the anticipated date of move-in or recertification.

Property Name: _____ Unit #: _____

Household Member Name: _____

HOUSEHOLD MEMBER: (please check one)

1 (Head) 2 3 4 5 6 7

INCOME INFORMATION:

	Yes	No		Annual Gross Income
1.	<input type="checkbox"/>	<input type="checkbox"/>	I have a job or a verifiable start date within the next 12 months and receive wages, salary, overtime pay, commissions, fees, tips, bonuses, and/or other compensation: Annual Gross Wages/Salary Annual Overtime Annual Bonus/Commission/Tips	\$ _____ \$ _____ \$ _____
2.	<input type="checkbox"/>	<input type="checkbox"/>	I am presently employed at an additional job. (NOT self-employed)	\$ _____
3.	<input type="checkbox"/>	<input type="checkbox"/>	I am self employed. (Attach signed tax return and appropriate schedules) Name of Business: _____	\$ _____ (use net income from business)
4.	<input type="checkbox"/>	<input type="checkbox"/>	I am receiving or I have applied or will apply in the next 12 months: (check all that apply) <input type="checkbox"/> Social Security (SSA); <input type="checkbox"/> Supplemental Social Security (SSI); or <input type="checkbox"/> WA State (SSI).	\$ _____
5.	<input type="checkbox"/>	<input type="checkbox"/>	The household receives <i>unearned</i> income from family members age 17 or under (example: Social Security, trust fund disbursements, bank accounts, etc.). Name of Member(s): _____	\$ _____
6.	<input type="checkbox"/>	<input type="checkbox"/>	Do you receive child support? If no and there are children in the household, are you eligible for child support or is there a court order for child support? <input type="checkbox"/> Yes <input type="checkbox"/> No Number of court-ordered child support cases: _____	\$ _____
7.	<input type="checkbox"/>	<input type="checkbox"/>	I receive alimony/spousal payments.	\$ _____
8.	<input type="checkbox"/>	<input type="checkbox"/>	I receive Public Assistance Income (TANF, GAU, FIP, ADATSA).	\$ _____
9.	<input type="checkbox"/>	<input type="checkbox"/>	I receive unemployment, Labor & Industries or disability benefits (not SSI).	\$ _____
10.	<input type="checkbox"/>	<input type="checkbox"/>	I am a member of the Armed Forces (Active, National Guard or Reserves).	\$ _____
11.	<input type="checkbox"/>	<input type="checkbox"/>	I am receiving income from a pension, annuity, retirement fund, insurance policy payments, death benefits or Veteran's Benefits (not GI Bill benefits). Source of Benefits: a.) _____ b.) _____	\$ _____ \$ _____
12.	<input type="checkbox"/>	<input type="checkbox"/>	I am receiving money regularly from family, church, friends, or any other form or regular/periodic income (such as rent and utility payments).	\$ _____
13.	<input type="checkbox"/>	<input type="checkbox"/>	I receive income from real or personal property (attach signed tax return with Schedule E).	\$ _____

Property Name: _____ Unit #: _____

Household Member Name: _____

14.	<input type="checkbox"/>	<input type="checkbox"/>	I hold a contract for real estate sold. If yes, provide a copy of the contract and an amortization schedule. (Only count interest portion of payment.)	\$ _____
15.	<input type="checkbox"/>	<input type="checkbox"/>	I have income or sources of income, other than those listed above. If yes, list type below: a.) _____ b.) _____	\$ _____ \$ _____

ASSET INFORMATION:

	Yes	No		Balance or Value	Interest Earned
16.	<input type="checkbox"/>	<input type="checkbox"/>	I have a checking account(s). If yes, list bank(s) a.) _____ b.) _____	\$ _____ \$ _____	\$ _____ \$ _____
17.	<input type="checkbox"/>	<input type="checkbox"/>	I have a savings account(s). If yes, list bank(s) a.) _____ b.) _____	\$ _____ \$ _____	\$ _____ \$ _____
18.	<input type="checkbox"/>	<input type="checkbox"/>	I have a Money Market account(s). If yes, list sources/bank names a.) _____ b.) _____	\$ _____ \$ _____	\$ _____ \$ _____
19.	<input type="checkbox"/>	<input type="checkbox"/>	I have treasury bills, certificate(s) of deposit (CDs), or stocks/bonds (NOT held in a retirement account). If yes, list sources/bank names a.) _____ b.) _____	\$ _____ \$ _____	\$ _____ \$ _____
20.	<input type="checkbox"/>	<input type="checkbox"/>	I have a trust fund. <input type="checkbox"/> Revocable <input type="checkbox"/> Non-Revocable If yes, list bank(s)/trustee _____	\$ _____	\$ _____
21.	<input type="checkbox"/>	<input type="checkbox"/>	I have an IRA/Keogh Account/401K. If yes, list financial entity(ies) a.) _____ b.) _____	\$ _____ \$ _____	\$ _____ \$ _____
22.	<input type="checkbox"/>	<input type="checkbox"/>	I have a pension or annuity asset. (NOT receiving income currently.) If yes, list bank(s) a.) _____ b.) _____	\$ _____ \$ _____	\$ _____ \$ _____
23.	<input type="checkbox"/>	<input type="checkbox"/>	I <input type="checkbox"/> own <input type="checkbox"/> or am in the process of selling or <input type="checkbox"/> have sold real estate in the last 2 years. If yes, attach explanations and supporting documentation.	\$ _____	\$ _____
24.	<input type="checkbox"/>	<input type="checkbox"/>	I have a whole life or universal life insurance policy. If yes, how many policies? _____	\$ _____	\$ _____

