BLUELINE PROPERTY MANAGEMENT

Applying for affordable housing can feel overwhelming, but you don't have to navigate it alone. Contact us or stop by the property, and our team will gladly help walk you through the application process. 385-317-6723 or howick@blpmc.com

Blueline Property Management is committed to the non-discrimination provision in the Fair Housing Act and Section 504 of the Americans with Disabilities Act. If you require assistance in the form of readers, interpreters, large print of any other way to enable you to fully participate in our housing program, please let us know and we will assist you to the fullest extent feasible.

Application Instructions

Application must list **all household members**, all questions **MUST** be answered and must be signed by all adults.

Initial ALL corrections-one line through the error, initial beside it. NO WHITE OUT

Electronically filled out applications require a certified electronic signature, typed names are not accepted.

Altered versions of this application cannot be accepted

Eligibility will be determined based upon the following factors:

- Applicants meet the income criteria.
- References (i.e., employer, current & former landlords, etc.) will be contacted to verify employment, length of time on the job and verify rental payment history.
- A Credit & Criminal background check will be obtained and reviewed

Along with the completed application, please include:

- Copies of picture identification and Social Security cards for all occupants aged 18 and older. For all household members under 18 please provide Birth Certificates and Social Security cards.
- Proof of income (2 months most recent consecutive paystubs, award letter, etc.) All pages
- Proof of Assets-Most current (2 months of bank, investment, retirement) statements. All pages

Following the guidelines set here will ensure timely processing of your application
Applications are complete and accepted when all documentation is submitted.

To file a complaint of housing discrimination for Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming
Denver Regional Office of FHEO
U.S. Department of Housing and Urban Development
1670 Broadway
Denver, Colorado 80202
(303)672-5437 (800)672-5248

Tell us where you heard about us: _____

EQUAL HOUSING OPPORTUNITY

BLUELINE
PROPERTY MANAGEMENT

Staff Use Only:
Date Received:_____ Time Recieved:_____

move-in application

Size of Apartment Needed:_____

Head of Household Name		
Head of Household Address		
City	State	Zip Code
Phone Number	Email	

The information on this form is needed to certify your household. Please complete this **entire** form and **leave no blanks**. If there are any questions that you do not understand, please call the apartment manager. Thank you for your cooperation.

part 1 household composition

hh mbr	full name	relationship to head of household (hoh)	date of birth	social security number
1		HoH		
2				
3				
4				
5				
6				

Do you anticipate any changes in income within the next 12 months? (check one) If yes, please explain:	☐ Yes ☐ No

misc. household questions

please choose the options below that best describes your household	
☐ Yes ☐ No	Do you anticipate any changes in the size of your household within the next 12 months? If yes, please describe:
☐ Yes ☐ No	Will anyone under age 18 listed on this application live in the unit less than 50% of the time in the next 12 months? If so, who?
☐ Yes ☐ No	Does any member in your household have a disability and require a live in care attendant?
☐ Yes ☐ No	Is any adult member of your household separated, but not divorced?
☐ Yes ☐ No	Will your household be receiving Section 8 rental assistance at the time of move in?
☐ Yes ☐No	a. Have you or any member of the household ever been arrested? If yes, who?
☐ Yes ☐ No	b. Did the arrest result in a conviction? If yes, was the conviction ☐ Misdemeanor ☐ Felony
☐ Yes ☐ No	Have you or any member of the household ever been evicted from any housing?
☐ Yes ☐ No	Have you ever filed for bankruptcy?
☐ Yes ☐ No	Is there any reason you would not be able to take an apartment when one is available? Briefly describe:
☐ Yes ☐ No	After moving in, will you have any other primary places of residence?
☐ Yes ☐ No	Do you own your own home?
☐Yes ☐ No	Are you in the process of selling a home?

part 2 current/previous residency

current address [provide previous address(es) if less than two years]	dates of residency	rent or own?	monthly payment	landlord/mortgage company name
	from: to:			
	from: to:			
	from: to:			
	from: to:			

part 3 household income

does your household have income, assistance, or benefits from the sources listed below?		monthly income/assistance amount	hh mbr #
☐ Yes ☐ No	Self employment *(list nature of self employment)*	*(use* **net income** *from business)* $	
☐ Yes ☐ No	Employment with a third-party receiving wages, salary, overtime pay, commissions, fees, tips, bonuses, and/or other compensation. *If yes, list the information in Part 4 below.*		
☐ Yes ☐ No	Unemployment benefits	$	
☐ Yes ☐ No	Veteran's Administration, GI Bill, or National Guard/ military benefits/income	$	
☐ Yes ☐ No	Educational assistance (for full- and part-time students)	$	
☐ Yes ☐ No	Retirement benefits from Social Security	$	
☐ Yes ☐ No	Supplemental Security Income (SSI) or Social Security Disability Income (SSDI)	$	
☐ Yes ☐ No	**Unearned** income from family members age 17 or under (example: Social Security, trust fund disbursements, etc.)	$	
☐ Yes ☐ No	Disability or death benefits other than Social Security	$	
☐ Yes ☐ No	Public housing assistance/Rental assistance/Section 8 voucher. Housing authority providing the assistance:	$	
☐ Yes ☐ No	I/we receive public assistance income (example: TANF, OAP, and AND)	$	
☐ Yes ☐ No	Child support payments. If yes, for how many children do you receive support? _____	$	
☐ Yes ☐ No	Alimony/spousal support payments	$	
☐ Yes ☐ No	Periodic payments from trusts, annuities, inheritance, retirement funds or pensions. If yes, list sources: 1. 2.	$ $	
☐ Yes ☐ No	Income from real or personal property	*(use* **net earned income)** $	

does your household have income, assistance, or benefits from the sources listed below?		monthly income/assistance amount	hh mbr #
☐ Yes ☐ No	Do your family, friends, or any other person or organization outside of your household help you meet needs by giving you cash assistance? If yes, who provides the cash assistance? What is the average cash amount you receive?	How often do you receive the cash assistance? ☐ Weekly ☐ Monthly ☐ Yearly ☐ Other: $	
☐ Yes ☐ No	Do your family, friends, or any other person or organization outside of your household help you pay a bill or expense, such as for utilities, car, gas, insurance, bus pass, telephone, cable/internet, diapers, etc.? If yes, who helps you pay the bills or expenses? What is the average amount of assistance you receive?	How often do you receive the cash assistance? ☐ Weekly ☐ Monthly ☐ Yearly ☐ Other: $	

part 4 current employment information

(please attach a separate form for additional employment, if needed)

Resident Name			Occupation/Title		
Employer Name			Contact Person		
Employer Address					
City				State	Zip Code
Date Hired	Salary/Rate of Pay $	☐ 2 times a month ☐ Weekly ☐ Monthly ☐ Biweekly ☐ Hourly ☐ Annually	Number of Hours Worked per Week	Work Phone	Work Fax

Resident Name			Occupation/Title		
Employer Name			Contact Person		
Employer Address					
City				State	Zip Code
Date Hired	Salary/Rate of Pay $	☐ 2 times a month ☐ Weekly ☐ Monthly ☐ Biweekly ☐ Hourly ☐ Annually	Number of Hours Worked per Week	Work Phone	Work Fax

Resident Name				Occupation/Title		
Employer Name				Contact Person		
Employer Address						
City					State	Zip Code
Date Hired	Salary/Rate of Pay $	☐ 2 times a month ☐ Monthly ☐ Hourly	☐ Weekly ☐ Biweekly ☐ Annually	Number of Hours Worked per Week	Work Phone	Work Fax

part 5 previous employment information

(not required for retired persons)

Resident Name				Occupation/Title		
Employer Name				Contact Person		
Employer Address						
City					State	Zip Code
Date Hired	Ending Salary/Rate of Pay $	☐ 2 times a month ☐ Monthly ☐ Hourly	☐ Weekly ☐ Biweekly ☐ Annually	Terminate Date	Work Phone	Work Fax

Resident Name				Occupation/Title		
Employer Name				Contact Person		
Employer Address						
City					State	Zip Code
Date Hired	Ending Salary/Rate of Pay $	☐ 2 times a month ☐ Monthly ☐ Hourly	☐ Weekly ☐ Biweekly ☐ Annually	Terminate Date	Work Phone	Work Fax

part 6 student status certification

Students include individuals attending public or private elementary schools, middle or junior high schools, senior high schools, colleges, universities, technical, trade or mechanical schools. Students do not include individuals participating in on-the-job training or correspondence courses.

Please choose **one** option below that best describes your **household.**	
☐	The household contains **at least one occupant who is not a student** and has not been and will not be a student for five months or more out of the current and/or upcoming calendar year (months need not be consecutive). List non-student here:
☐	The household contains **all students,** but is qualified because at least one occupant is a **part-time** student. Verification of part-time student status is required. List part-time student here:
☐	The household contains **all 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 yes, you must answer all five questions below.**

	yes	no
Are the students married and entitled to file a joint tax return? (attach an affidavit or tax return)f	☐	☐
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 the parent(s)?	☐	☐
Is at least one student receiving Temporary Assistance to Needy Families (TANF)?	☐	☐
Does at least one student participate in a program receiving assistance under the Job Training Partnership Act, Workforce Investment Act, or under other similar federal, state, or local laws? (attach verification of participation)	☐	☐
Does the household consist of at least one student who was previously under foster care? (provide verification of participation)	☐	☐

part 7 household asset information

	non-necessary personal property	hh mbr #	cash value	interest rate	annual income
☐ Yes ☐ No	RVs, ATVs, boats, antique cars, stamp collections, etc.				
	1. Description:		$		$
	2. Description:		$		$
☐ Yes ☐ No	Cash on hand.		$		$
☐ Yes ☐ No	Checking account(s). If yes, list **bank names and account number(s).**				
	1. Account number:		$	%	$
	2. Account number:		$	%	$
☐ Yes ☐ No	Savings account(s). If yes, list **bank names and account number(s).**				
	1. Account number:		$	%	$
	2. Account number:		$	%	$

	non-necessary personal property	hh mbr #	cash value	interest rate	annual income
☐ Yes ☐ No	Debit card(s). If yes, list **last 4 numbers of the card(s).**				
	1. Last 4 numbers on card:		$		
	2. Last 4 numbers on card:		$		
☐ Yes ☐ No	Internet-based assets (Cash app, Venmo, PayPal, Apple Pay, etc.).		$	%	$
☐ Yes ☐ No	Brokerage account(s). If yes, list **bank names(s) and account number(s).**				
	1. Account number:		$	%	$
	2. Account number:		$	%	$
☐ Yes ☐ No	Capital investments.		$	%	$
☐ Yes ☐ No	Annuities. If yes, list **bank name(s) and account number(s).**				
	1. Account number:		$	%	$
	2. Account number:		$	%	$
☐ Yes ☐ No	Money market. If yes, list **bank name(s) and account number(s).**				
	1. Account number:		$	%	$
	2. Account number:		$	%	$
☐ Yes ☐ No	Life insurance (do not include term life). If yes, list **company.**				
	1.		$	%	$
	2.		$	%	$
☐ Yes ☐ No	Cryptocurrency (Ethereum, Tether, Bitcoin, etc.)		$	%	$
☐ Yes ☐ No	Stocks/Bonds. If yes, list **company** where held.				
	1.		$	%	$
	2.		$	%	$
☐ Yes ☐ No	Certificate of Deposit. If yes, list **bank name(s) and account number(s).**				
	1. Account number:		$	%	$
	2. Account number:		$	%	$
☐ Yes ☐ No	Trust funds that are under control of the household. If yes, list **bank name(s) and account number(s).**				
	1. Account number:		$	%	$
	2. Account number:		$	%	$
☐ Yes ☐ No	Lump Sum amounts (lottery/inheritance, etc).				
	1. Description:		$	%	$
	2. Description:		$	%	$
☐ Yes ☐ No	Safety Deposit Box and its contents.		$		$
☐ Yes ☐ No	Other				
	1. Description:		$	%	$
	2. Description:		$	%	$

non-necessary personal property		hh mbr #	cash value	interest rate	annual income
☐ Yes ☐ No	I/we have disposed of assets (i.e., gave away money/assets) for less than the fair market value in the past two years. If yes, list items and date disposed.				
	1. Item and date disposed		$	%	$
	2. Item and date disposed		$	%	$
☐ Yes ☐ No	Have you received a tax refund in the last 12 months?		Amount of return: $		$
real property		**hh mbr #**	**cash value**	**interest rate**	**annual income**
☐ Yes ☐ No	Description of property				
	1.		$	%	$
	2.		$	%	$

If forms are completed electronically, one of the following boxes must be checked:

☐ **This form was completed electronically by the resident.**

☐ **Management or someone outside of household assisted completing the form electronically (Authorization to Assist is attached).**

signatures

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.

Print Name of Applicant Signature Date

Print Name of Applicant Signature Date

Print Name of Other Applicant Signature Date

Print Name of Other Applicant Signature Date

Reviewed by (Signature of Owner/Representative) Date

All household members ages 18 or over must sign and date.

Release of Information to:
BlueLine Property Management LLC

YOU DO NOT HAVE TO SIGN THIS FORM IF EITHER THE REQUESTING ORGANIZATION OR THE ORGANIZATION SUPPLYING THE INFORMATION IS LEFT BLANK.

I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. I authorize this release to be used to verify any form of my household's income or asset as well as credit information and criminal background.
By signing this release, I understand that I am authorizing BlueLine Property Management, LLC, their employees and agents to make such investigations, inquiries, and verification requests into my income and asset information, rental history, credit standing, criminal history, employment history, and any other information necessary to verify my eligibility to live in this apartment community. I hereby waive any right of action now or thereafter accruing against any person or entity as a consequence of the release or exchange or such Confidential Information.

Signature_____Date_____

Print Name _____

Signature_____Date_____

Print Name _____

Signature_____Date_____

Print Name _____

Signature_____Date_____

Print Name _____

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, the PHA and any owner (or any employee of HUD the PHA 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 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 208(a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

BLUELINE PROPERTY MANAGEMENT

supplementary demographic information

State Agencies request the following information in order to comply with the Housing and Economic Recovery Act (HERA) of 2008, which requires all Low Income Housing Tax Credit (LIHTC) properties to collect and submit to the U.S. Department of Housing and Urban Development (HUD), certain demographic and economic information on tenants residing in LIHTC-financed properties.

Although WCDA would appreciate receiving this information, you may choose not to furnish it. You will not be discriminated against on the basis of this information, or on whether or not you choose to furnish it. If you do not wish to furnish this information, please check the box below.

All members must initial form regardless if resident/applicant wishes to furnish the information. Adult member will initial for minors in the household.

Please initial:							
HH #:	#1	#2	#3	#4	#5	#6	#7

☐ Resident/Applicant: I do not wish to furnish information regarding ethnicity, race, and other household composition.

enter both ethnicity and race codes for each household member (see below for codes)

hh mbr #	last name	first name	mi	race code	ethnicity code	disability code
1						
2						
3						
4						
5						
6						
7						

race code	
1	African American/Black
2	American Indian/Alaskan Native
3	Asian
4	Asian Indian
5	Asian Other
6	Chinese
7	Filipino
8	Guamanian/Chamarro
9	Japanese
10	Korean
11	Native Hawaiian
12	Native Hawaiian/Pacific Islander
13	Pacific Islander Other
14	Samoan
15	Vietnamese
16	White
17	Other
18	Refused
19	Missing
20	Tenant declined to respond

ethnicity codes	
1	N/A
2	Hispanic
3	Non-Hispanic
4	Hispanic or Latino
5	Not Hispanic or Latino
6	Tenant declined to respond
7	Missing

disability codes	
1	Yes
2	No
3	Tenant declined to respond
4	Missing

BLUELINE
PROPERTY MANAGEMENT

Student Status Certification

Head of Household:_____

Unit Address:_____

Recertification Date: _____

Move-In Date: _____

This form should be completed yearly for every household. Student status should also be verified when a new household moves into a unit, and whenever the existing household composition changes.

Anyone attending classes at a qualifying educational institution is considered a student. This includes, but is not limited to, public or private elementary schools, middle schools, high schools, colleges, universities, technical, trade, and mechanical schools. This does not include on-the-job training courses.

Part A

Does the household contain at least one person who has not been/will not be a student for five months or more during the current or subsequent year? (This period does not need to be consecutive)……Yes ☐ No ☐

If the above box is checked "Yes" then no additional information is required. Please sign and date this form.

Part B

If the household is comprised entirely of students, please select the appropriate exemption below. Only one exception is needed to satisfy the LIHTC student rule.

1. All household members are students, but at least one person is a part time student…Yes ☐ No ☐
2. Household members are married (to each other) and entitled to file a joint tax return...Yes ☐ No ☐
3. At least one student is a single-parent, is not being claimed as a dependent by someone else, and is living with a child (or children) who they claim as a dependent on their tax return……..Yes ☐ No ☐
4. At least one student is receiving Temporary Assistance to Needy Families (TANF)…..Yes ☐ No ☐
5. At least one student is participating in a workforce development program that receives assistance from the federal, state, or local government.....Yes ☐ No ☐
6. The household contains an individual who, at any time, was under the care of a state agency responsible for administering foster care……..Yes ☐ No ☐

Please include documentation for any exemption claimed by a tenant. Failure to document an exemption may cause this unit to be considered out of compliance for tax credit purposes.

Under penalty of perjury, I certify that the information presented in the above Annual Student Certification is true and accurate to the best of my knowledge and belief. I 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.

X_____ _____ X _____ _____

Applicant/Tenant Signature | Date | Management Signature | Date

BLUELINE PROPERTY MANAGEMENT

asset certification

Instructions: Please complete both Sections 1 and 2. Complete **one** form per household. Include any assets you own or co-own and assets of children. Exclude assets held by foster children, foster adults, or live-in aides. Do not leave any blanks. Use N/A if a box is not applicable.

Head of Household	Unit Number

section 1 please choose one of the following

☐ I/We do not have any assets at this time. If checked, skip to Section 2 below.

☐ I/We have assets. My/our assets are listed below.

* Cash value is defined as market value less the cost of converting the asset to cash. Costs may include broker's fees, settlement costs, outstanding loans, early withdrawal penalties, etc.

Non-necessary Personal Property

Type of Asset	Cash Value*	Interest Rate (if applicable)	Annual Income	Type of Asset	Cash Value*	Interest Rate (if applicable)	Annual Income
Non-necessary personal property (non-account assets such as RVs, ATVs, boats, antique cars, stamp collections, etc.)				**Annuities** current balance	$	%	$
Description	$	%	$	**Money market** current balance	$	%	$
Description	$	%	$	**Life Insurance** current cash value (not term life)	$	%	$
Cash on hand	$	%	$	**Cryptocurrency** (Ethereum, Tether, Bitcoin, etc.)	$	%	$
Checking current balance	$	%	$	**Stocks/Bonds** current balance	$	%	$
Savings current balance	$	%	$	**Certificate of Deposit** current balance	$	%	$
Debit cards (not linked to an account that is listed above)	$	%	$	**Trust funds** current balance, if under control of household	$	%	$
Internet-based assets current balance (Cash App, Venmo, PayPal, ApplePay, etc.)	$	%	$	**Lump sum amounts** received not listed in above accounts (lottery/inheritance, etc)	$	%	$
Brokerage accounts current balance	$	%	$	**Safety deposit box** and its contents	$	%	$
Capital investments	$	%	$	**Other|Description**	$	%	
				[A] Total cash value of non-necessary personal property:	$	**[B] Total Income:**	$

Important Note: If the above total value [A] is $50,000 or less, it is not added into the Total Net Assets Section [F] below. However, total income from non-necessary personal property is added to total asset income [G] below.

Real Property			
Description of Property	Cash Value		Income
	$		$
	$		$
[C] Total real property value:	$	**[D] Total income from real property:**	$

Total Net Assest and Income			
[E] Tax Return: **Have you received a tax refund in the last 12 months?** ☐ **No** ☐ **Yes** → Value of return/credit	$	**Subtract tax return/credit (if any) from total net assets. See formula for [F]**	
[F] Total Net Assets: (Total real property [C] + non-necessary personal property [A] if [A] exceeds $50,000) - [E] tax return/refundable credit	$	**[G] Total Asset Income:** [B] + [D]	$

section 2 you must choose one of the following

☐ I/We have not sold or given away assets (including cash, real estate, etc.) for less than the fair market value during the past two years.

☐ Within the past two years, I/we have sold or given away assets (including cash, real estate, etc.) for less than their Fair Market Value (FMV). Date of disposal _____. These assets are included above and are equal to a total of $_____ (the value to include for each asset equals the difference between FMV and the amount actually received for the asset).

If forms are completed electronically, one of the following boxes must be checked:

☐ **This form was completed electronically by the resident.**

☐ **Management or someone outside of household assisted completing the form electronically (Authorization to Assist is attached).**

signature

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/Resident Signature | Printed Name | Date

Applicant/Resident Signature | Printed Name | Date

Applicant/Resident Signature | Printed Name | Date

Applicant/Resident Signature | Printed Name | Date

BLUELINE PROPERTY MANAGEMENT

child support and alimony affidavit

I certify that the following is true regarding my current child support **or** alimony situation.

Head of Household Name	Unit Number

for child support, please complete the section below for each child

Child name	Child date of birth	Do you receive child support? (check yes or no)	Amount received and frequency (please only list amount received)	How is child support received?
		☐ Yes ☐ No	$_____ ☐ weekly ☐ monthly ☐ annually ☐ other _____	☐ Family Support Registry ☐ Payee Name _____ Phone/email _____ _____
		☐ Yes ☐ No	$_____ ☐ weekly ☐ monthly ☐ annually ☐ other _____	☐ Family Support Registry ☐ Payee Name _____ Phone/email _____ _____
		☐ Yes ☐ No	$_____ ☐ weekly ☐ monthly ☐ annually ☐ other _____	☐ Family Support Registry ☐ Payee Name _____ Phone/email _____ _____
		☐ Yes ☐ No	$_____ ☐ weekly ☐ monthly ☐ annually ☐ other _____	☐ Family Support Registry ☐ Payee Name _____ Phone/email _____ _____
		☐ Yes ☐ No	$_____ ☐ weekly ☐ monthly ☐ annually ☐ other _____	☐ Family Support Registry ☐ Payee Name _____ Phone/email _____ _____
		☐ Yes ☐ No	$_____ ☐ weekly ☐ monthly ☐ annually ☐ other _____	☐ Family Support Registry ☐ Payee Name _____ Phone/email _____ _____
		☐ Yes ☐ No	$_____ ☐ weekly ☐ monthly ☐ annually ☐ other _____	☐ Family Support Registry ☐ Payee Name _____ Phone/email _____ _____
		☐ Yes ☐ No	$_____ ☐ weekly ☐ monthly ☐ annually ☐ other _____	☐ Family Support Registry ☐ Payee Name _____ Phone/email _____ _____

for alimony, please complete section below

Household member name	Do you receive alimony? (check yes or no)	Amount received and frequency (please only list amount received)	How is alimony received?
	☐ Yes ☐ No	$_____ ☐ weekly ☐ monthly ☐ annually ☐ other _____	☐ Payee Name _____ Phone/email _____ _____
	☐ Yes ☐ No	$_____ ☐ weekly ☐ monthly ☐ annually ☐ other _____	☐ Payee Name _____ Phone/email _____ _____
	☐ Yes ☐ No	$_____ ☐ weekly ☐ monthly ☐ annually ☐ other _____	☐ Payee Name _____ Phone/email _____ _____
	☐ Yes ☐ No	$_____ ☐ weekly ☐ monthly ☐ annually ☐ other _____	☐ Payee Name _____ Phone/email _____ _____

If forms are completed electronically, one of the following boxes must be checked:

☐ **This form was completed electronically by the resident.**

☐ **Management or someone outside of household assisted completing the form electronically (Authorization to Assist is attached).**

signature

By my signature below, I also certify that I understand it is my responsibility to notify the landlord of any changes to the status of child support.

Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful, false statements of misrepresentation to any Department or Agency of the U.S. as to any matter within its jurisdiction.

_____

Signature of Resident Date

_____

Printed Name of Resident