

Exhibit C

Affordable Housing Income Qualification Form

Units in this building may be available to households that meet certain income qualifications. To determine if your household is eligible for such a unit, please complete this entire form. If there are any questions that you do not understand, please contact the property manager.

A. CONTACT INFORMATION	
Current Address:	Apt #:
City/State/Zip:	Phone: ()

B. HOUSEHOLD COMPOSITION – List the Head of Household and all other persons who comprise the household											
Full Name	Relationship to Head of Household	Date of Birth	Gender	Race	Ethnicity	Disabled?	Student Status			Receiving Income?	
1	Head of Household					Yes No	Full-Time	Part-Time	N/A	Yes	No
2						Yes No	Full-Time	Part-Time	N/A	Yes	No
3						Yes No	Full-Time	Part-Time	N/A	Yes	No
4						Yes No	Full-Time	Part-Time	N/A	Yes	No
5						Yes No	Full-Time	Part-Time	N/A	Yes	No

C. HOUSEHOLD ASSETS (Identify if anyone has any of the following types of assets, including dependents under the age of 18)						
Identify All Asset Sources	Name on Account	Financial Institution	Cash Value	Income from Asset (Interest/Dividends)		
Checking Account Yes No						
Additional Checking Account(s) Yes No						
Savings Account Yes No						
Additional Savings Account(s) Yes No						
Stocks, Bonds, Mutual Funds* Yes No						
Real Estate or Home Yes No						
IRA/Keogh Account* Yes No						
Retirement/Pension Fund* Yes No						
Trust Fund/Inheritance Yes No						
Real Estate/Land* Yes No						
Other: _____ Yes No						
			Totals:			

*When listing the “cash value” of any asset with an asterisk, state the amount you would have if you were to convert it to cash. The cash value should not include any penalties for withdrawal, amounts used to pay off a balance, or any fees which may be assessed for the conversion.

D. ANNUAL INCOME (List ALL income of adults and children in your household, except for the earned income from employment by persons under the age of 18)							
Identify income from any of the following sources, including periodic payments:			Name	Source of Income	Amount Received	Time Received	Annual Amount
Salary	Yes	No					
Overtime Pay	Yes	No					
Commissions/Fees	Yes	No					
Tips and Bonuses	Yes	No					
Salary from 2 nd job	Yes	No					
Temporary Income	Yes	No					
Income from Military	Yes	No					
Interest/Dividends	Yes	No					
Business Net Income	Yes	No					
Net Rental Income	Yes	No					
Social Security	Yes	No					
Supplemental Security Income	Yes	No					
Pension	Yes	No					
Retirement Funds	Yes	No					
Familial Support	Yes	No					
Unemployment Benefits	Yes	No					
Workers' Compensation	Yes	No					
Alimony	Yes	No					
Child Support (Circle Type) Anticipated, Voluntary, Court Ordered (regardless if pd)	Yes	No					
Educational Scholarship/Grant	Yes	No					
Other: Explain: _____	Yes	No					
Total:							

E. APPLICANT CERTIFICATION		
<p>RELEASE: I/We hereby certify that the information provided in this application is true and correct to the best of my/our knowledge. If approved for an affordable unit, I/we understand that I/we will need to recertify our income annually if I/we choose to renew our lease.</p>		
<p>_____ Applicant/Resident Printed Name</p>	<p>_____ Signature</p>	<p>_____ Date</p>
<p>_____ Co-Applicant/Resident Printed Name</p>	<p>_____ Signature</p>	<p>_____ Date</p>

F. THIS SECTION TO BE COMPLETED BY PROPERTY MANAGER/OWNER			
Applicant Name		Household Size	
Cash Value of Assets	A.	Income from Assets	B.
If Line B is greater than \$5,000, multiply by .06%, otherwise enter \$0. This is income from assets		C.	
Annual Income		D.	
Total Household Income (add lines C + D)		E.	
Above or Below 60% AMI		Does Household Qualify?	Yes No
Applicant's household income is sufficient to pay rent and necessary bills (utilities, groceries, transportation, etc.)?		Yes No	
Comments			
<div> <div>Signature of Agency Representative</div> <div>Agency</div> <div>Date</div> </div>			