

Low Income Housing Tax Credit and HUD properties are required to maintain annual recertifications. Please complete the following recertification questionnaire fully and accurately. Failure to return the completed recertification packet is material non compliance of your lease.

Social Security Administration will not provide verification of Social Security, Supplemental Security Income (SSI) and Retirement Survivors Disability Insurance (RSDI) benefits. You must provide a current letter outlining your benefits to our office. This letter must be dated within 120 days of your recertification effective date.

If you have any questions, please contact our Highland Park Office at 785-266-6963.

Translations provided by Google Translate, Van Binsbergen and Associates, Inc cannot verify accuracy.

English

This is an important document. If you cannot read English, you should have it translated.

Spanish

Este paquete es un documento importante. Si Ud. no puede leer inglés, hay que traducirlo.

Somali

Tani waa dokumenti muhiim ah. Haddii aad waxba ma aan akhriyi karo Ingiriisi, waa in aad u tarjumay.

Loa

ນີ້ເປັນເອກະສານທີ່ສຳຄັນ. ຖ້າຫາກວ່າທ່ານບໍ່ສາມາດອ່ານພາສາອັງກິດ, ທ່ານຄວນຈະມີມັນແປ.

Vietnamese

Đây là một tài liệu quan trọng. Nếu bạn không thể đọc được tiếng Anh, bạn cần phải có nó dịch.

Hmong

Qhov no yog ib qho tseem ceeb daim ntawv no. Yog hais tias koj nyeem tsis tau ntawv Askiv, koj yuav tsum tau kom muab txhais.

Khmer

នេះគឺជាឯកសារសំខាន់។ ប្រសិនបើអ្នកមិនអាចអាន
ភាសាអង់គ្លេសបានអ្នកគួរតែវាបានបកប្រែ។



It is time to complete your recertification for your home and remain in compliance with the LIHTC program. Please keep in mind, our office requires time to process your recertification, and your prompt response is needed.

If you have any questions, please contact the Highland Park Office at 785-266-6963 or Coni in our Missouri office at 417-532-4501.

Return completed, signed and dated paperwork to:

Van Binsbergen & Associates - Highland Park Office

2351 SE Bellview Ave

Phone: 785-266-6963

Topeka, KS 66605

TTY: 711

Email: kshprecerts@vanbllc.com

OFFICE USE ONLY

Date Received

Time Received

Tenant Name			
Address			
City		State	Zip
Phone		Additional Phone	
Email			

_____ **SOCIAL SECURITY/SSI RECIPIENTS** must provide a copy of your current benefit statement or award letter to our office. If you do not have a copy of your current letter, you can contact your local Social Security office to request one or you can also visit the Social Security website, create an account, and get your new letter online.

WEBSITE: <http://www.socialsecurity.gov/>

_____ **PENSION/ANNUITY RECIPIENTS** must provide a copy of your current benefit amount, by annual or quarterly statement, or recent tax document.

_____ **UNEMPLOYMENT BENEFITS** verification must be supplied by the resident in the form of a printout from the Kansas Unemployment Benefits website located at <https://www.getkansasbenefits.gov/Home.aspx>. These printouts must show resident's name, benefit amounts for the last 12 months, dates received, and date printed. If you are receiving or will be receiving benefits, you should have the information needed to log into your account. You can also contact them by phone:

Kansas City: 913-596-3500

Topeka: 785-575-1460

Wichita: 316-383-9947

Toll-Free: 800-292-6333

IMPORTANT:

The bottom section on page 3 of the recertification packet must be completed. This section provides our office with the contact information for any questions answered "yes" from questions 1-42. This section starts with the gray shaded box and is clearly labeled "DO NOT LEAVE THIS SECTION BLANK."



Equal
Housing
Opportunity

"This Institution is an Equal Opportunity Provider."

Household Questionnaire

Certification Effective Date: <input type="checkbox"/> Move-in (MI) _____ <input type="checkbox"/> Annual Recert (AR) _____ <input type="checkbox"/> Interim Recert (IR) _____ <input type="checkbox"/> Resume subsidy (IC) _____ <input type="checkbox"/> Other Cert/Add HH Member _____	Household qualifies for the following program(s): <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Section 8 <input type="checkbox"/> Housing Tax Credit <input type="checkbox"/> HOME <input type="checkbox"/> NHTF </div> <div> <input type="checkbox"/> Section 236 <input type="checkbox"/> Section 811 <input type="checkbox"/> MARIF <input type="checkbox"/> Other _____ </div> </div>	Date Application Rec'd: _____ Time Application Rec'd: _____ Rent Amount: \$ _____
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Property Name _____ **Bldg/Unit #** _____

Household Composition

Applicants/residents, complete this questionnaire in your own handwriting. List all persons who will be living in the unit. Give the relationship of each family member to the head of household. **Each household member age 18 years or older and under age 18 if head, spouse, or co-head of household must disclose income and assets and sign and date this application.** If this questionnaire is being completed by an applicant who is applying for occupancy with an existing household, only include the information for the new applicant.

	Household Member's Name	Relationship	Date of Birth	Has/Will this person be a student* during this and/or the upcoming calendar year? YES/NO	Social Security Number (not required for agency deferred loans (except MARIF), HTC, HOME, or NHTF)
1					
2					
3					
4					
5					
6					
7					
8					

* Include public and private elementary, junior & senior high, college, university, technical, trade, and mechanical schools. Do not include on-the-job training courses.

Disclosure of Household Income

List current and anticipated income for the twelve-month period beginning on the anticipated move-in date or effective date of recertification. **Include all full time, part time or seasonal income even if completing this application in the off-season.**

DOES ANY MEMBER RECEIVE OR EXPECT TO RECEIVE

(Check YES or NO to each item, as applicable, and include gross monthly amount. List sources on page 2.):

YES Amount	NO		Gross Monthly
		1. Wages, salaries (include overtime, tips, bonuses, commissions, etc.)	\$
		2. Does any member work for someone who pays them in cash, is self-employed or does "app" or "gig" work.	\$
		3. Regular pay for a member of the armed forces	\$
		4. Public Assistance (MFIP, GA, MSA) <u>Benefits are received by (circle one)</u> direct deposit check cash card	\$
		5. Worker's compensation	\$
		6. Unemployment benefits or severance pay	\$
		7. Student financial assistance (public or private, not including student loans)	\$
		8. Child support (check yes if you have a court order, even if you are not receiving the full amount awarded) .	\$
		9. Alimony/Spousal Maintenance	\$
		10. Social Security income (including unearned income of minor children)	\$
		11. Disability benefits including social security disability	\$
		12. Regular payments from pensions (PERA, railroad, etc.)	\$
		13. Regular payments from retirement benefits	\$
		14. Death Benefits	\$
		15. Regular payments from annuities or life insurance dividends	\$
		16. Regular payments from inheritance, insurance settlement, lottery winnings, etc.	\$
		17. Net income from rental property	\$
		18. Regular cash and non-cash contributions, assistance with paying bills (including utilities), or gifts from companies, agencies or individuals not living in the unit (not including groceries).	\$
		19. Are any changes to income expected within the next 12 months due to a raise, bonus or other reason?	\$
		20. Other (list) _____	\$

Household Questionnaire

Disclosure of Household Assets

YES	NO	DOES ANY HOUSEHOLD MEMBER (INCLUDING CHILDREN) HAVE MONEY HELD IN:	Current Balance
		21. Checking Accounts (6 month average balance)	\$
		22. Savings Accounts	\$
		23. Cash cards used to receive government benefits or other income	\$
		24. Online or app accounts such as GoFundMe, Kickstarter, Fundly, local bank, Venmo, CashApp, etc.	\$
		25. US Savings Bonds	\$
		26. Trusts*	\$
		27. Securities	\$
		28. Whole or Universal Life Insurance Policy (do not include term life insurance)	\$
		29. 401K*	\$
		30. IRA/KEOGH Accounts	\$
		31. Certificates of Deposit	\$
		32. Pension/Retirement/Annuity.	\$
		33. Money Market or Mutual Funds	\$
		34. Treasury Bills	\$
		35. Stocks	\$
		36. Lump Sum Payment (i.e., inheritance, insurance settlement, lottery winnings, capital gains)	\$
		37. Are any accounts held jointly with someone not in the unit? Which account and with whom?	
		38. Other (include cash on hand)	\$

*Include Trusts, 401K, etc., only if the accounts are accessible to the household prior to termination of employment, retirement, or death. If you are unsure, list the account and it will be verified.

YES	NO		Value
		39. Do you now own a home or other real estate?	\$
		If yes, list address(es): _____	
		40. Do you receive payments for a home you sold by contract for deed?	\$
		41. Do you have any coin collections, antique cars, gems/jewelry, stamps or any other items	\$
		held as an investment (wedding rings and personal jewelry do not count)?	
		42. Are any assets held jointly with another person (e.g., real estate, coin collections, etc.)? List person, asset(s) and percentage of ownership. _____	

DO NOT LEAVE THIS SECTION BLANK.

From 1-42, income and assets above, provide contact information for all "YES" checked items. All information must be verified. (If a household member has more than one source of income and/or asset, use a separate line for each source. Use additional sheets, if necessary.)

Item Number	HH Member	Name and mailing address of income or asset source and educational institution for household members age 18 or older.	Contact name and phone/fax/email

Please attach documentation available to verify income (e.g., divorce/settlement papers, tax returns, social security benefit award letter, etc.).

Household Questionnaire

I/We hereby certify that I/We ☐ Have ☐ Have not sold or given away any assets for **less than Fair Market Value** during the two-year (24 month) period preceding the date of this questionnaire. Any assets sold or disposed of for less than Fair Market Value must be identified below:

Household Member	Asset and Estimated Market Value	Date sold/disposed	Amount Received
			\$ _____
			\$ _____

ADDITIONAL INFORMATION

The following questions pertain to every member of the household. Check either **YES** or **NO** in response to each question. Add an explanation below for all items checked YES.

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Will any household member, including children, live in the unit on a less than full time basis?
<input type="checkbox"/>	<input type="checkbox"/>	Do you anticipate any change in your household (someone moving in or out) during the next 12 months?
<input type="checkbox"/>	<input type="checkbox"/>	Does any adult member of the household have zero income? If yes, name(s): _____
<input type="checkbox"/>	<input type="checkbox"/>	Does/will the household receive rent assistance? If so, indicate from what source (Section 8, Rural Development RA, etc.).
<input type="checkbox"/>	<input type="checkbox"/>	Does your household have any needs that might be better served by a unit which is accessible to persons with mobility, hearing or visual impairments?
Explanation: _____ _____ _____		

SIGNATURES

I/we certify that the foregoing information is true and complete to the best of my/our knowledge and authorize the Landlord to make inquiries to verify the statements herein. I/we further understand that any intentional misrepresentation on this form might result in a default in the rental agreement and/or eviction of this household. If any of the aforementioned information changes, I/we agree to notify Landlord immediately.

Applicant/Resident Signature _____	Date _____
Applicant/Resident Signature _____	Date _____
Applicant/Resident Signature _____	Date _____
Applicant/Resident Signature _____	Date _____
Head of household email address: _____	Phone: _____

This applicant/resident required assistance in completing the Household Questionnaire due to: _____

Assistance was provided by: _____ Date: _____

TENANT RELEASE AND CONSENT

I/We, the undersigned, hereby authorize all representatives of companies/agencies in the categories listed below to release, without liability, information regarding employment, additional forms of income, benefits, assets, and references to **Van Binsbergen & Associates, Inc.** (Owner and/or Agent), for purposes of verifying information listed on the rental application.

INFORMATION COVERED

I/We understand that previous or current information regarding my/our household may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identifiers; employment, income and assets; medical or child care allowances. I/We understand this authorization cannot be used to obtain any information which is not pertinent to eligibility as a qualified tenant.

GROUPS OR INDIVIDUALS WHO MAY BE CONTACTED

The groups or individuals who may be asked to release the above information include, but are not limited to:

Past and Present Employers	Veterans Administration	Welfare Agencies
State Unemployment Agencies	Social Security Administration	Retirement Systems
Support and Alimony Providers	Banks/Other Financial Institutions	Colleges & Universities
Medical and Child Care Providers	Previous Landlords	Public Housing Agencies

SAVE VERIFICATION CONSENT FORM

For every household member (adult or child) identified as an eligible noncitizen on the application, the signatures below provide consent to the following for the individual and/or signature of parent/guardian for household members under the age of 18:

1. The use of provided evidence/documentation to verify eligible immigration status to enable household members to receive financial assistance for housing.
2. The release of such evidence to the DHS for purposes of verification of the immigration status of the individual.

CONDITIONS

I/We agree that a photocopy of this authorization may be used for the above stated purpose(s). The original of this authorization is on file and will stay in effect for a year and one month from the date signed. I/We understand I/we have a right to review this file and correct any information that is incorrect.

SIGNATURES

Signature

Printed Name & Date

Signature

Printed Name & Date

Signature

Printed Name & Date

Signature

Printed Name & Date



This institution is an Equal Opportunity Provider, and Employer. To file a complaint of discrimination, write to USDA, Director Office of Civil Rights, 1400 Independence Avenue, S.W., Washington D.C. 20250-9410 or call (800) 795-3272 (voice), or (202) 720-6382 (TTD).



STUDENT STATUS AFFIDAVIT

This affidavit is to be completed by the Head of Household. 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, college universities, technical, trade, or mechanical schools, but does not include those attending on-the-job training):

- ☐ A. Household contains at least one occupant who is not a student, has not been a student and will not be a student for five or more months during the current and/or upcoming **CALENDAR** year (months need not be consecutive). If this item is checked, no further information is needed.
- ☐ B. Household contains all students, but is qualified because the following occupant(s) _____ is/are part-time student(s). Documentation of part-time student status is required for at least one member of the household. (*Complete Sample Form 19A*)
- ☐ C. Household contains all full-time students for five or more months during the current and/or upcoming calendar year (months need not be consecutive). If this item is checked, questions 1-5 below must be completed.

This section to be completed if it is determined the household is comprised of **full time students**.

- ☐ 1. At least one member of the household is a single parent with minor child(ren), and both the parent and children are not dependents of a 3rd party, and the children are only claimed by a parent. (*Please provide a copy of most recent tax return*).
- ☐ 2. At least one member of the household is married and *eligible* to file a joint income tax return. (*Please provide a copy of the marriage license OR a copy of most recent tax return*).
- ☐ 3. At least one member of the household receives assistance under Title IV of the Social Security Act, (or TANF). (*Please provide proof of assistance being received*).
- ☐ 4. At least one member of the household receives assistance from the Workforce Investment Act (formerly known as Job Training Partnership Act, (JTPA) or other similar federal, state or local program. Name of the Program: _____
(*Please provide proof this type of assistance is being received*).
- ☐ 5. At least one member of the household was previously part of the Foster Care Program. (*Please provide proof/documentation from the State*).

Households comprised entirely of full-time students that are income eligible and satisfy one or more of the above conditions are considered eligible. If none of the above applies, or verification does not support the exception indicated, the household is considered an ineligible student household.

I certify the statements made in this Student Affidavit are true and complete and I am aware that false statements are punishable under Federal law. I also understand that **I am to immediately report any changes in my student status** to the Management. I understand that my student status may affect my qualifications as a qualifying tenant under Section 42 of the Internal Revenue Code.

Applicant/Resident (Head of Household)

Date

UNDER \$5,000 ASSET CERTIFICATION

For households whose combined net assets do not exceed \$5,000.

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

Head of Household Name: _____ Unit No.: _____

Development Name and Address: _____

Complete all that apply for 1 through 4:

1. My/our assets include (enter n/a in (A) if you do not own the respective asset):

	(A) Cash Value*	(B) Int. Rate	(A*B) Annual Income		(A) Cash Value*	(B) Int. Rate	(A*B) Annual Income
Source				Source			
Savings Account(s)	\$ _____	% _____	\$ _____	Checking Account(s)***	\$ _____	% _____	\$ _____
Cash on Hand	\$ _____	N/A _____	N/A _____	Cash Cards or Apps****	\$ _____	% _____	\$ _____
Certificates of Deposit	\$ _____	% _____	\$ _____	Money Market Funds	\$ _____	% _____	\$ _____
Stocks	\$ _____	% _____	\$ _____	Bonds	\$ _____	% _____	\$ _____
IRA Account(s)	\$ _____	% _____	\$ _____	401(k)/403(b) Account(s)	\$ _____	% _____	\$ _____
Keogh Account(s)	\$ _____	% _____	\$ _____	Trust Funds	\$ _____	% _____	\$ _____
Equity in Real Estate	\$ _____	% _____	\$ _____	Land Contracts	\$ _____	% _____	\$ _____
Lump Sum Receipts	\$ _____	% _____	\$ _____	Capital Investments	\$ _____	% _____	\$ _____
Bitcoin/ Cryptocurrency	\$ _____	% _____	\$ _____	GoFundMe/Crowdsourcing	\$ _____	% _____	\$ _____
Life Insurance (Excluding Term)	\$ _____	% _____	\$ _____				
Other Retirement/Pension Funds not named above:	\$ _____	% _____	\$ _____	Explanation _____			
Personal Property Held as an Investment**	\$ _____	% _____	\$ _____	Explanation _____			
Other (list):	\$ _____	% _____	\$ _____	Explanation _____			

PLEASE NOTE: Certain funds (e.g., Retirement, Pension, Trust) may or may not be (fully) accessible to you. Include only those amounts which are are.

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

**Personal property held as an investment may include, but is not limited to, gem or coin collections, art, antique cars, etc. Do not include necessary personal property such as, but not necessarily limited to, household furniture, daily-use autos, clothing, assets of an active business, or special equipment for use by persons with disabilities.

***Checking Account cash value should be the average in the checking account over the last six (6) months

****Cash Cards or Apps used to receive government benefits or other income.

(Check either box 2 or box 3 below, not both)

2. ☐ Within the past two (2) years, I/we have sold or given away assets (including cash, real estate, etc.) for more than \$1,000 below fair market value (FMV). Those amounts equal a total of: \$ _____ (enter the difference between FMV and the amount you received).
3. ☐ I/we have not sold or given away assets (including cash, real estate, etc.) for less than fair market value during the past two (2) years.
4. ☐ I/we do not have any assets at this time (do not check this box if you have entered any numbers in section 1, above).

The net family assets (as defined in 24 CFR 813.102) above do not exceed \$5,000, and the annual income from the net family assets is \$ _____ (enter the total of all (A*B) Annual Income in section 1 above). This amount is included in total gross annual 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 _____

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).

Under \$5,000 Asset Certification

MHFA HTC 24 (ver 1/23)

Custody/Child Support & Alimony Affidavit

Applicant/Tenant: _____ Property: _____

This form verifies the receipt/non-receipt of child support and custody for the following children:

_____	_____
_____	_____
_____	_____

Name of Absent Parent: _____

Will this child live with you in the tax credit unit at least 50% of the time? ☐ Yes ☐ No

Was there a legal marriage to the other parent? ☐ Yes ☐ No

If yes, please submit a copy of the divorce decree, separation agreement
or other documents outlining custody arrangements.

If no, is there a court order for child support? ☐ Yes ☐ No

If yes, provide court order #: _____

☐ I do not receive court ordered alimony ☐ and/or child support ☐. Must provide a reason why and then no further documentation is needed. Reason why: _____

☐ I receive the full amount of court ordered alimony ☐ and/or child support ☐ in the amount of \$_____ a week ☐ / month ☐ / year ☐. If documentation is not available, please provide a reason why, otherwise provide backup documentation. Reason why: _____

☐ I do not receive the full court ordered amount of alimony ☐ and/or child support ☐, but I do receive the partial or sporadic amount of \$_____ a week ☐ / month ☐ / year ☐. (Divorce decree, separation statement, child support enforcement order, payment sheet from an enforcement agency and legal attempts to collect is required. If not obtained, the full amount of the original court order must be used.)

☐ I do not have a court order for alimony ☐ and/or child support ☐ and I do not currently receive any. Must provide reason for no court order. Reason why: _____

☐ I do not have a court order for alimony ☐ and/or child support ☐, but an informal, mutual agreement is in place. I do receive payment in the amount of \$_____ a week ☐ / month ☐ / year ☐.

I/WE certify under the penalty of perjury that all information I/We provided for the purpose of completing this form is true and complete to the best of My/Our knowledge and belief. I/We understand that willful misrepresentation of any information provided herein constitutes fraud and may be dealt with in a Court of Law.

Tenant Signature Date

Tenant Signature Date

Manager's Signature Date

Note: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statement or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.



This form is for housing assistance agencies requesting consumer deposit information. Please complete the form including the customer authorization signature and fax to the number noted below. Your completed request will be faxed to the return fax number provided on this form.

Fax Requests To.....1-844-879-0412
Online Instructions.....www.wellsfargo.com/biz/vod
Balance Confirmation Services.....1-540-563-7323

Date _____