**House of Hope Tenant Based Rental Application (TBRA)**

**Applicant Name**: _____

**Current Address**: _____

**City, State, Zip Code**: _____

**Home Phone**:_____**Email**: _____

*How long have you lived at the above address?* _____

*In the county?* _____

**HOUSEHOLD COMPOSITION**

*(List the Head of Household and all other members who will be living in the unit. Give the relationship of each family member to the head.)*

| Member's Full Name | Relationship | Birthdate | Age | Sex | Social Security No. |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

**Program Target Population:**

☐Yes ☐No Are you currently **pregnant**? *If yes, what is your due date?* _____

☐Yes ☐ No Do you have **legal custody** of at least one minor child?

☐ Yes ☐ No **Or** are you working on **reunification**?

☐Yes ☐ No Are you between the ages of **18-24 years**?

☐ Yes ☐ No Are you **fleeing** domestic violence? *If yes, when did the last experience occur (date)?* _____

**EXPENSE INFORMATION:**

☐ Yes ☐ No Does a **disabled member** of your household have unreimbursed medical expenses?

☐ Yes ☐ No Does your household pay **childcare** expenses for children under the age of 13 that enable a family member to work or go to school?

☐ Yes ☐ No Does your household pay care expenses for the **care of a family member with disabilities** that enable a family member to work?

**Preference Information**: *(You may qualify for a preference for housing assistance if any of the following circumstances can be verified for your family. Please check any that apply to you.)*

☐ Yes ☐ No Are you currently **living on the street, in your car, in a shelter, other place not meant for human habitation, or in a motel paid for by an agency**?
*If yes, where did you sleep last night:* _____
☐ Yes ☐ No Are you **facing eviction** and will lose your residence within the next 14 days?
*If yes, please explain:*
_____

**INCOME INFORMATION:**
*What is the total annual income of all household members? (Include wages, salaries, and tips; other income such as alimony, child support; and Social Security, W2, or other benefits)*

| Member's Full Name | Source of Income | Annual Amount | Payment Basis (weekly, monthly, etc.) |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

**ASSET INFORMATION:**

*Please list any checking, savings, 401 (k) accounts. Provide both the current cash value and the estimated annual income from the asset.*

| Member's Full Name | Type and Source of Asset (for example, bank accounts, investments) | Cash Value of Asset | Annual Income from Asset |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

**APPLICATION CERTIFICATION**: I/we understand that the above information is being collected to determine if I/we are eligible to receive rental assistance. I/we authorize House of Hope TBRA Administrator to verify all information provided on this application.

| | |
|---|---|
| Head of Household Signature:<br><br>Date: | Other Adult Signature:<br><br>Date: |

# HOME-TBRA Investment Partnerships Program

## Self-Certification of Annual Income to Implement COVID-19 Regulatory Waiver

**INSTRUCTIONS:**

Please complete one form and include the requested information for all persons in the household. Complete an additional form if the applicant needs more space. The adult head of household must sign and date the form. This form supersedes previous version and is valid for use through **September 30, 2021.**

## PART I: ELIGIBILITY

HOME funded rental assistance is limited to income eligible families whose annual income does not exceed 60% of the area median income, as determined by HUD. In addition, emergency, or short term TBRA is limited to (a) applicants who have lost employment or income either permanently or temporarily due to the COVID-19 pandemic and to (b) homeless individuals or families.

Income Limits:
Family of 1-$34,620
Family of 2-$39,540
Family of 3-$44,460
Family of 4-$49,380
Family of 5-$53,340
Family of 6-$57,300
Family of 7-$61,260
Family of 8-$65,220

**For Emergency TBRA Programs Only:** To comply with HOME program guidelines, the applicant must indicate which eligibility category applies to their household. **Do not complete the rest of this form if the household does not meet the program's income limits and one of the categories below.**

**Check all that apply:** ☐ Homeless ☐ Experiencing financial hardship

| If the applicant has experienced financial hardship as a result of the COVID-19 pandemic, the applicant must describe how the household's financial situation has changed (e.g., lost employment or reduced income either temporarily or permanently). |
| --- |
| |

# HOME-TBRA Investment Partnerships Program

## Self-Certification of Annual Income to Implement COVID-19 Regulatory Waiver

house of hope
Homelessness ends with an open door

### PART II: HOUSEHOLD INFORMATION

Enter legal address (where the applicant currently lives) and contact information below. If household is experiencing homelessness or is in temporary housing, provide a mailing address (where the applicant currently receives mail).

| | Legal Address | Mailing Address (if different from legal) |
|---|---|---|
| Street, Apt./Unit # | | |
| State, City, Zip Code | | |
| Phone Number(s) | | |
| Email(s) | | |

Enter all household information below and indicate if any member is or will be a part-time/full-time student in the next 12 months. Do not include live-in-aides, children of live-in-aides, foster children, or foster adults.

| **Household Member #** | **Name** ***(Last, First, MI)*** | **Relationship to the Head of Household (co-head, spouse, child, etc.)** | **Birth Date** ***(mm/dd/ yyyy)*** | ***Student (Part/Full-time, Neither)** | ****Disabled (Y/N)** |
|---|---|---|---|---|---|
| 1 | | Head of Household | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |

*Note for Applicant: Students do not qualify for HOME assistance unless the individual meets one of the exemptions below. Check all that apply:

☐ Over age 24 ☐ Veteran of the US Military ☐ Married ☐ Has dependent child/ren

☐ Member is part of a household that is low-income

**Note for Administrator: the "Disabled" column is not required and only provided if deductions under adjusted income at 24 CFR 5.611 will be applied for tenant-based rental assistance programs.

# HOME-TBRA Investment Partnerships Program

## Self-Certification of Annual Income to Implement COVID-19 Regulatory Waiver

### PART III: ANNUAL INCOME

Report all current income and income expected to be received in the next 12 months including long-term **unemployment compensation and all hazard pay**. **DO NOT INCLUDE:** IRS Economic Impact Payments (stimulus checks), Federal Pandemic Unemployment Compensation (the additional $600 per week), Lost Wages Supplemental Payment Assistance (up to $400 per week), income of a live-in-aide, children of live-in-aides, foster children, foster adults, or the income of minors.

**Section A:** For each household member (HH Mbr#) below, anticipate annual income for the next 12 months by converting current income to annual figures. Convert wages/income by multiplying it by the frequency in which it is received and factor in amounts that will terminate before the end of the next 12 months. Multiply weekly income by 52; Bi-weekly income (received every other week) by 26; Semi-monthly income (received twice each month) by 24; and Monthly income by 12. A full-time student, 18 years or older (excluding the head of household or spouse) should exclude earnings in excess of $480 for annual income. Leave blank those that do not apply. To determine the total income for the household, add up all columns on the last row of this chart.

| Income Sources | HH Mbr# 1 | HH Mbr# 2 | HH Mbr# 3 | HH Mbr# 4 | HH Mbr# 5 | HH Mbr# 6 |
|---|---|---|---|---|---|---|
| Unemployment Compensation (include regular unemployment, Pandemic Unemployment Assistance and Pandemic Emergency Unemployment Compensation) (exclude Federal Pandemic Unemployment Compensation; Lost Wages Supplement Payment Assistance) | $ | $ | $ | $ | $ | $ |
| Wages, salary, overtime, hazard pay, commissions, fees, tips, bonuses (before payroll deductions) | $ | $ | $ | $ | $ | $ |
| Net income from business and self-employment (include income from independent contractors, Gig economy jobs such as Etsy, Amazon, eBay, Uber, Lyft, Instacart, Grubhub, etc.) | $ | $ | $ | $ | $ | $ |
| Interest, dividends, and other net income of any kind from real or personal property (include rental income) | $ | $ | $ | $ | $ | $ |
| Social Security (include disability/Supplemental; include gross amount prior to any Medicare premiums) | $ | $ | $ | $ | $ | $ |
| Retirement/Pension/Insurance policy/Annuities | $ | $ | $ | $ | $ | $ |
| Disability or Death Benefits (disability compensation) | $ | $ | $ | $ | $ | $ |
| Worker's Compensation and Severance pay | $ | $ | $ | $ | $ | $ |
| Welfare Assistance Payments (Temporary Assistance to Needy Families) | $ | $ | $ | $ | $ | $ |
| Regular Pay, special pay, and housing allowance for the Armed Forces (exclude military hazard pay) | $ | $ | $ | $ | $ | $ |

| | | | | | | |
|---|---|---|---|---|---|---|
| Veterans Administration (VA) Benefits (exclude deferred disability benefits) | $ | $ | $ | $ | $ | $ |
| Adoption Assistance Payments (exclude amount in excess of $480) | $ | $ | $ | $ | $ | $ |
| Alimony or Child Support (include only amounts expected) | $ | $ | $ | $ | $ | $ |
| Re-occurring cash gifts from private/nonprofit/charity or friends/family who will not reside in the unit | $ | $ | $ | $ | $ | $ |
| Other (please describe): | | $ | $ | $ | $ | $ |
| Total for each HH Member | $ | $ | $ | $ | $ | $ |
| **Section A: Total Income for Household** | $ | | | | | |

**Section B - Income From Assets:** Annual income includes income derived from assets to which household members have access. Interest or dividends earned are counted as income even when the earnings are reinvested. Using the categories below, report the (a) type of asset(s) held by each member of the household, (b) cash value of asset(s), and (c) the income derived from the assets **(report annual figures only)**. If the asset does not generate income, report zero. If the household member does not have assets, leave blank. Calculate the totals on the last row of this chart.

| Household Member # | **Assets Categories:** Checking, Savings, Mutual funds, Money Market Acct. Equity in Rental Property, Retirement and Pensions, 401(K), Stocks, Bonds, Treasury Bills, Certificate of Deposit, Annuities, Revocable Trust, Mortgages or Deed of Trust, Whole Life Insurance policy, Lump sum- inheritance, Lottery Winnings, Insurance Settlements, Personal property held as an investment (e.g., antiques, gems, etc.) | Cash Value of Asset | Interest/Dividends Earned on the Assets |
|---|---|---|---|
| 1 | | $ | $ |
| 2 | | $ | $ |
| 3 | | $ | $ |
| 4 | | $ | $ |
| 5 | | $ | $ |
| 6 | | $ | $ |
| Household Member # | **Disposed Assets:** Assets given away for less than the fair market value in the last 24 months with value greater than $1,000, (e.g. sale of a home) | Cash Value of Disposed Asset | Income from Disposed Asset |
| | | $ | $ |
| | | $ | $ |
| | | $ | $ |
| | | **Box (B1)** Total Value of Assets | **Box (B2)** Total Income from Assets |
| | | $ | $ |

| ***To be completed by Program Administrator*** | |
|---|---|
| If the amount in Box (B1) is greater than $5000, calculate the imputed value of the assets by multiplying Box (B1) by the Passbook Savings rate of (.06%) | **Box (B3)**<br>**Value of Imputed Asset**<br>$ |
| **Section B: Total Income from Assets**<br>(greater of box (B2) or (B3) | $ |
| **Total Household Annual Income (Sections A + B)** | $ |

## PART IV: APPLICANT CERTIFICATION

I certify under penalty of perjury that the above information is complete and accurate to the best of my knowledge. I understand that Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony and assistance can be terminated for knowingly and willingly making a false or fraudulent statement to a department of the United States Government. I agree to provide any additional documentation required by the program administer to document my/our household income.

| HEAD OF HOUSEHOLD | | |
|---|---|---|
| **Signature** | **Printed Name** | **Date** |
| **OTHER ADULT HOUSEHOLD MEMBERS** | | |
| **Signature** | **Printed Name** | **Date** |
| **Signature** | **Printed Name** | **Date** |
| **Signature** | **Printed Name** | **Date** |
| **Signature** | **Printed Name** | **Date** |
| **Signature** | **Printed Name** | **Date** |

1660 Christiana Street Green Bay WI 54303
Carol Sheier, Case Manager
920.215.4482, carols@houseofhopegb.org