

U. S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
FEDERAL HOUSING ADMINISTRATION

INSTRUCTIONS FOR FILING OUT APPLICATION FOR TENANT ELIGIBILITY FOR RENT SUPPLEMENT
HOUSING OWNER OR MANAGING AGENT SHOULD ASSIST APPLICANT IN FILLING OUT FORM

Part A. Applicant's Statement

Item 1 to 3. Enter name and present address of prospective tenant, and occupation, social security number, years employed and name of employer for both the tenant and spouse. The information concerning minority group categories is requested for statistical purposes so the Department may determine the degree in which its programs are utilized by minority families.

Item 4. Rent supplement payments shall be based on total household income reported during the next twelve months, less earnings of eligible minors and authorized deductions, calculated as shown on the form.

Lines 1 through 7. Enter on these lines, the names of each individual member of the prospective tenant's household, including husband (or other eligible head) and spouse. If there are more than 7 persons in the family, show the same information for those persons on an attached sheet of paper (4 copies). In the next three columns enter for each person the age, sex, and relationship to the head. In the columns headed income last 12 months enter for each individual the amount of income by type received during the last 12 months, and enter the total for each individual in the last column. All income amounts should be entered to the nearest dollar, do not show cents. Current income should reflect income status at time of application, and reported income next 12 months should represent the anticipated income of each individual over the next year. The sum of income from each source should be entered in line 8. A statement explaining differences between anticipated income and either last year's or current income above or below, must be written or typed on the back of all copies of the form; or if more convenient, a copy of the statement may be stapled to the back of each copy of the form.

Lines 9 through 13. From the entries presented on lines 1 through 7 of item 4, and attachments, if any, the housing owner or manager should develop the entries for lines 9 through 16. **The number in household, line 9,** is represented by the number of names listed. **The number of eligible minors, line 10,** (i.e., minors eligible for statutory income deduction of \$300 per minor) is the number of minors whose age is listed as under 21, related to the head by blood, marriage or operation of law, including the head of household or his spouse.

The number of other minors, line 11, represents the number of minors that are not related by blood, marriage or law. **The number of dependents, line 12,** is the number of persons (adult or minor) deriving principal support from the family head, including his spouse. **The number of handicapped, line 13,** includes any person who has a physical impairment which is expected to be of permanent duration, which substantially impedes his ability to live independently, and which would be improved by more suitable housing.

Lines 14 through 16. Calculation of Adjusted Annual Income. The total amount of income, line 4, line 8, column (c), reported in the next 12 months is to be entered in the income column at line 14 as total reported income. Earnings of eligible minors are deducted at line 14a to obtain net reported income for line 14b. (Note that only the earnings of eligible minors may be excluded. Welfare, Social Security, and other payments made on behalf of minors are income of the person to whom paid, generally the head of household or some adult). Income is adjusted further on line 15 by deducting an allowance of \$300 for each eligible minor (line 10) under 21 years of age related to the head by blood, marriage or operation of law, including the head of household or his spouse. This yields adjusted annual income line 16, which will be used in the computation of the rent supplement. See Part B, Item 5.

Item 5. List the combined assets of all members of the household, whether related or unrelated, who will live in the dwelling unit. Include personal property, such as furniture, clothing, automobile, etc. The estimated value

(based on original acquisition price) of any real estate owned by any member of the household, less indebtedness should be listed. Unpaid bills for food, medical expenses, etc. (but not for furniture, clothing, automobile, or other personal property) may be deducted.

Item 6. If the family has unusual and continuing expenses for disability or illness which are not compensated for by insurance or otherwise, show the amount of such annual expenses in item 6 and explain the nature of the disability or illness on a separate sheet (three copies). Include a similar justification in those cases where a wage earner in a household who is gainfully employed or is actively seeking gainful employment incurs expenses for the care of children (under 18 years of age) or dependent persons (including husband or wife) physically or mentally incapable of earning for themselves.

Item 7. To be eligible for rent supplements, the applicant's family or household income must be below the limits established for the locality by FHA 4478.4, and he must qualify under one of the eligibility requirements listed in Item 7. Check the appropriate box or boxes and furnish proof as indicated if handicapped, 62 years old or older, or displaced by governmental action. Proof of age for other Federal benefits, such as Social Security or Medicare, will be satisfactory. If the applicant lives in substandard housing, a physical inspection of the property will be made. Proof shall be submitted or an inspection will be made if his present or former residence has been destroyed or structurally damaged by natural disaster. The applicant shall sign and date the application.

Part B. Eligibility for Rent Supplement

Lines 1 through 3. These are to be filled in by the housing owner or his authorized managing agent. To determine the Income for Supplement Payment in Item 5, deductions from Adjusted Annual Income may be made for disability or continuing illness and for child care from Part A, Item 6.

Filing and Processing

1. The original and two copies of the application (with one copy of any required certification or proof) shall be submitted to the Federal Housing Administration Insuring Office for review. After review, the FHA Insuring Office will return the original and a Xerox copy and attachments to the housing owner, and FHA will retain the two carbon copies.

2. If the applicant moves in, the housing owner should note the date of move-in and identification of the dwelling unit in the space and check boxes provided in Part B Item 10 on his copy, and file the approved application and attachments with the corresponding lease, alphabetically by applicant's last name, for future reference and audit. If the applicant does not move in and the application is cancelled, the box in Part B Item 11 should be checked and the cancelled application should be sent to FHA. Upon receipt of cancelled applications, FHA will check Part B Item 11 on the second carbon copy and will mail it to the Statistic Branch, Office of Housing Management, RHM; and will destroy the original and first carbon.

3. Certifications required in Part A Item 7 should be retained by the housing owner after review by FHA, and attached to the approved copy of the application and lease of eligible tenants. They may be returned to the applicant in the case of rejection or cancellation.

4. When submitting the first monthly voucher to FHA the housing owner will return the Xerox copy with Part B, Item 10 filled in. The FHA will record the information entered by the owner in Part B, Item 10 on the two carbon copies of the application, making sure that the owner has furnished all requested information, and will mail the second carbon copy to the Statistic Branch, Office of Housing Management, RHM, Department of Housing and Urban Development, Washington, D. C. 20415.

5. Before submitting this Form, be sure to check the appropriate box just above Part B, Item 10 to indicate whether this is an application, an amendment, or a reclassification. If a reclassification, also show the number, i.e., first, second, third, etc., for this tenant.

FHA FORM NO. 2001
 Rev. 3/71
 U. S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
 FEDERAL HOUSING ADMINISTRATION
APPLICATION FOR TENANT ELIGIBILITY FOR RENT SUPPLEMENT
 Form Approved
 OMB No. 43-01698

Project Name and Location _____
 A. Tenant
 B. Coop Member
 C. Lease/Option
 Rent Reg. Contract No. _____
 F. FHA Project No. _____

PART A - APPLICANT'S STATEMENT:

1. Name (Head of Family or Household) _____
 2. Present Address _____
 3. (Check One)
 White (Non-minority) American Indian Spanish American
 Negro/Black Oriental Other Minority

4. EMPLOYMENT: (1) Occupation: A _____ (2) Social Security Number _____ (3) Years Employed _____ (4) Employer _____
 Husband or Head _____
 Spouse _____

4. HOUSEHOLD COMPOSITION AND ANNUAL INCOME:

NAME	Age	Sex	Relationship to Head	INCOME LAST 12 MONTHS										PWA Number	
				Wages or Salary	RETIREMENT		BENEFIT PAYMENTS				Yield	Current Income	Income		
(1)	(2)	(3)	(4)	1	2	3	4	5	6	7	8	9	10	11	12
(1)															
(2)															
(3)															
(4)															
(5)															
(6)															
(7)															
(8) TOTAL													(a)	(b)	(c)

(9) No. in Household A _____ (10) No. of Dependents (Not spouse) _____
 (11) No. of Single Minors A _____ (12) No. of Handicapped _____
 (13) Total Annual Income (A-B) (C) _____
 a. Less: Savings of Single Minors _____
 b. Net Annual Income _____
 (14) Less: No. of Dep. Minors (10) (15) \$ 000 _____
 (16) Adjusted Annual Income _____

5. ASSETS: (All Household Members Combined)
 (1) Cash on Hand \$ _____ (2) Real Estate _____
 (3) Checking Acc. _____ a. Orig. Pmt. \$ _____
 (4) Savings Acc. _____ b. Unpaid Bal. _____
 (5) Bonds or Stocks _____ Specify in item 6 _____
 (6) Other (List) _____ (7) Interest (All Assets) _____
 (8) Less: Unpaid Bills _____
 (9) Net Assets _____

6. ANNUAL EXPENSE FOR: (a) Disability or Continuing Home _____
 (b) Care of Children _____
 (c) TOTAL UNUSUAL EXPENSES _____

7. ELIGIBILITY REQUIREMENTS: (Check Appropriate Box(es))
 1. Physically Handicapped (Either Household Head or Spouse has a physical impairment which (a) is expected to be of long-continued and indefinite duration, (b) substantially impedes his ability to live independently and (c) is of such a nature that such ability could be improved by more suitable living conditions.) Submit letter from Doctor, Clinic, or VA.
 2. Sixty-two or Older (Either Household Head or Spouse) Submit Birth Certificate or other evidence.
 3. Displaced by Government Action Submit Certificate of Eligibility, FHA Form No. 8476.
 4. Present Housing Substandard:
 1. Delayed Condition 2. No Private usable Flush Toilet
 3. No Hot Running Water 4. No Private Tub or Shower
 5. Disaster Victim (Dwelling destroyed or extensively damaged by natural disaster)
 6. Military on Active Duty

I hereby certify that the foregoing information is true and complete to the best of my knowledge and inquiries may be made to verify the statements made herein.
 Date _____ Signature of Applicant _____

WARNING Section 1001 of Title 18 of the United States Code makes it a Criminal Offense to make a willfully false statement or misrepresentation to any Department or Agency of the United States as to any matter within its jurisdiction.

PART B - ELIGIBILITY FOR RENT SUPPLEMENT:
 1. Number of Bedrooms Needed _____
 2. Area Income Ceiling _____
 3. Adjusted Annual Income (Part A Item 4(13)) _____
 4. LESS: Unusual Expenses (Part A Item 6(c)) _____
 5. Income for Supplement Payment (3 - 4) _____
 6. Average Monthly Income (Item 5 - 12) _____
 7. Unit Rent Per Month _____
 8. Applicant's Share (25% of Item 7 or Welfare Rent (Part A Item 7 larger) _____
 9. Amount of Rent Supplement _____
 10. Net Monthly Income for Approval _____

10. A. Applicant occupied unit No. _____ on _____
 B. (Housing Owner or Manager)
 11. Original Appl. Amendment Renewal/Extension
 Certificate No. _____

12. CERTIFICATE OF ELIGIBILITY:
 The above information has been reviewed and the applicant is eligible for rent supplement payments to an amount of \$ _____ per month.
 ENTRIES IN PART B CORRECTED AS SHOWN

The housing owner shall include in the lease a requirement that the tenant shall report immediately to the housing owner when his total gross income (before deductions) reaches \$ _____; and also that the tenant shall recertify his current income one year from the date shown in Item 10. FEDERAL HOUSING ADMINISTRATION
 By _____ (Signature)
 _____ (Authorized Agent)

WORK SHEET

FHA FORM NO. 2501
Rev. 3/71

U. S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
FEDERAL HOUSING ADMINISTRATION

Form Approved
OMB No. 43-2109

APPLICATION FOR TENANT ELIGIBILITY FOR RENT SUPPLEMENT

Project Name and Location _____
A 1. Tenant 2. Homeless Person
3. Coop Member 4. Lessee/Options
Rent Supp. Contract No. _____
FHA Project No. _____

PART A - APPLICANT'S STATEMENT:

1. Name (Head of Family or Household) _____
2. Present Address _____
A (Check One)
 White (Non-minority) American Indian Spanish American
 Negro/Black Oriental Other Minority

3. EMPLOYMENT: (1) Occupation - A _____ (2) Social Security Number _____ (3) Years Employed _____ (4) Employer - _____
Husband or Head _____
Spouse _____

4. HOUSEHOLD COMPOSITION AND ANNUAL INCOME:

NAME	Age	Sex	Relationship to Head	INCOME LAST 12 MONTHS										Current Income (Monthly) (Avg)	Interest Received (Monthly)	FHA Review
				Wages or Salary	Retirement	Benefit Payments	Disability	Unemployment	Welfare	Other	Total Last 12 Months (Sum of all Items)	Retirement	Benefit Payments			
(1)			Head of Household													
(2)																
(3)																
(4)																
(5)																
(6)																
(7)																
(8) TOTAL A												(10)	(11)	(12)		

(9) No. in Household A _____ (13) No. of Dependents (Excl. spouse) A _____
(10) No. of Eligible Minors A _____ (14) No. of Handicapped A _____
(11) No. of Other Minors A _____
(12) Total Annual Income (A-F) (1) _____
a. Less: Earnings of Eligible Minors _____
b. Net Annual Income _____
(15) Less: No. of Mths. Minors (G-I) _____
(16) Adjusted Annual Income _____
8. ASSETS (All Household Members Combined)
(1) Cash on Hand \$ _____ (6) Real Estate _____
(2) Checking Acc. _____ (7) Orig. Prin. \$ _____
(3) Savings Acc. _____ (8) Unpaid Bal. _____
(4) Bonds or Stocks _____ (9) Equity (a minus b) _____
(5) Other (List) _____ (10) Subtotal (All Assets) _____
(11) Less: Unpaid Bills (See Instr. 8) _____
(12) Total Assets _____

9. ANNUAL EXPENSE FOR: (a) Disability or Continuing Illness _____ \$ _____
(b) Care of Children _____ \$ _____
(c) TOTAL UNUSUAL EXPENSE \$ _____

7. ELIGIBILITY REQUIREMENTS: (Check Appropriate Box(es)) A
 1. Physically Handicapped (Either Household Head or Spouse has a physical impairment which is expected to be long-continued and indefinite duration, (b) substantially impairs his ability to live independently and (c) is of such a nature that such ability could be improved by more suitable living conditions.) Submit letter from Doctor, Clinic, or VA.
 2. Stray, Inc. or Older (Either Household Head or Spouse) Submit Birth Certificate or other evidence.
 3. Displaced by Government Action Submit Certificate of Eligibility, FHA Form No. 3476
 4. Present Housing Substandard -
1. Dilapidated Condition 2. No Private usable Flush Toilet
3. No Hot Running Water 4. No Private Tub or Shower
 5. Disaster Victim (Dwelling destroyed or extensively damaged by natural disaster)
 6. Military on Active Duty

I hereby certify that the foregoing information is true and complete to the best of my knowledge and inquiries may be made to verify the statements made herein.
Date _____ Signature of Applicant _____

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PART B - ELIGIBILITY FOR RENT SUPPLEMENT:
1. Number of Bedrooms Needed _____
2. Area Income Ceiling _____
3. Adjusted Annual Income (Part A Item 4(16)) _____
4. LESS: Unusual Expenses (Part A Item 6(c)) _____
5. Income for Supplemental Payment (3 - 4) _____
6. Average Monthly Income (Item 5 + 12) _____
7. Unit Rent Per Month _____
8. Applicant's Share (25% of Item 6 or Welfare Rent Allowance if larger) _____
9. Amount of Rent Supplement (7 - 8) _____
RECOMMENDED FOR APPROVAL

Date _____ Signature _____ (Housing Owner or Manager)

10. A Applicant occupied unit No. A _____ on A _____ (Date)
Address _____
a. Original Application b. Amendment c. Renewal/Extension
A Certification No. _____

11. Applicant did not move in and Application is Cancelled. (Check Box and Sent to FHA)
12. CERTIFICATE OF ELIGIBILITY:
The above information has been reviewed and the applicant is eligible for rent supplement payments in an amount of \$ _____ per month.
 ENTRIES IN PART B CORRECTED AS SHOWN
The housing owner shall include in the lease a requirement that the tenant shall report immediately to the housing owner when his total gross income (before deductions) reaches \$ _____ and also that the tenant shall security his current income one year from the date shown in Item 10. FEDERAL HOUSING ADMINISTRATION

(Date) By _____ (Authorized Agent)