

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

INSTRUCTIONS FOR FILLING OUT APPLICATION FOR TENANT SUITABILITY
UNDER THE SECTION 236 PROGRAM FHA FORM NO. 3131 REV. 8/71

1. The owner of the property or the project management, is responsible for the preparation of FHA Form No. 3131. Information of a personal nature is to be secured from the applicant. Entries for all other items as well as all computations and the responsibility of the project sponsor or management.

2. Information for Item D, Item E, and Item F, Applicant(s) Name or Names, Occupation, Years Employed, and Name of Employer, should be obtained from the head of the family making application. The information concerning minority group categories is requested for statistical purposes so the Department may determine the degree to which its programs are utilized by minority families.

Data for each individual member of the family, including husband and wife or other eligible head (F-1 to F-7), as to Name, Age, Sex, Family Relationship, Social Security Number, if any, and Income During the Last 12 Months is to be secured from the applicant.

DEFINITION: "Family" or "household" means (a) two or more persons related by blood, marriage, or operation of law; or (b) a handicapped or elderly (62 or over) single person. "Eligible Minor" means a member of the family, except spouse, under 21 years of age, living in the household.

3. F-1 through F-8. Enter on these lines, the names of each individual member of the Family, 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 column 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 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 expected 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; if more convenient, a copy of the statement may be stapled to the back of each copy of the form.)

4. F-9 through F-13. From the entries presented on lines 1 through 3 of Item F, and attachments, if any, the owner of the property or project manager should develop the entries for line 9 through 13. 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, excluding the head of household or his spouse. The number of other minors (line 11) represents the number of minors that are not related to the head 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, excluding his spouse. The number of handicapped (line 13) includes any person who has a physical impairment which is expected to be of indefinite duration, which substantially impairs his ability to live independently, and which would be improved by most suitable housing.

F-14 through F-17. Calculation of Adjusted Annual Income. The total amount of verified current or expected annual income, whichever is greater (the larger of Item F, Line 8, column (b) or (c)), is to be entered in the income column on line 14 as total annual income. Line 14(a) shall in all cases be 5 percent of line 14 for social security withholding and similar payroll deductions. Line 14(b) shall be earnings of eligible minors from the same column used in line 14 (Note that only the earnings of eligible minors may be included. 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 \$200 for each eligible minor (line 10). This yields the adjusted annual income (F-16). This amount is then divided by 12 to obtain the adjusted monthly income (F-17). The project manager or his management agent must obtain verification of applicant(s) income from their employers and fill in this section. FHA will review and spot check entries.

5. Payment Calculations (Item G) are to be completed by the housing owner or manager. Information on the area income limits for the applicant's family (G-1) will be obtained from the FHA insuring office. One of the homes in G-2 should be checked to show if the limit used is (a) 125 percent of income eligible for occupancy of public housing or (b) 80 percent of income limit for occupancy of Section 231(c)(3) Below Market Interest Rate projects.

6. The amount of basic monthly rental for the unit of one percent interest (Item G-3) and the market rental for this unit at the full interest rate stated in the mortgage (Item G-4) are to be taken from the latest approved rental schedule.

7. Enter 25% of Adjusted Monthly Income (F-17) in G-5. The actual monthly rental the tenant must pay (G-6) is 25% of his adjusted income as entered in G-5, but in no event shall it exceed the Market Rental of the Unit (G-4), nor be less than the Basic Monthly Rental (G-3).

8. In Item H a check should be entered in each box which may apply, if special consideration is to be given the application of this tenant because of one or more of the following reasons: H-1, physical handicap (see paragraph 4 for definition); H-2, age (62 or over); H-3, displaced by government action; H-4, former occupant of property repaired or improved by this project; H-5, displaced by disaster.

9. When the housing owner or manager has completed and checked all items of information on FHA Form No. 3131 and has reviewed the entries with the applicant, the certification (Item I) must be signed by the applicant and his or her spouse.

10. The housing owner or manager shall check in Item J the applicable box indicating whether the applicant is or is not eligible, and whether he has occupied or will occupy the unit, noting the apartment number and/or address. He checks the appropriate box indicating type of structure and size of unit.

11. The housing owner or manager dates and signs the application, retains the original for his file and audit, and sends two copies of the form to the HUD-FHA insuring office. A certified copy of each form must be available for review and audit in the owner's or manager's file at all times.

12. Upon receipt of the FHA Form 3131 the insuring office reviews the form for accuracy and completeness, retains one copy of the form and sends one copy to the Section Branch, Office of Housing Management, RHM, Department of Housing and Urban Development, Washington, D. C. 20415, with the weekly FHA Form 3080a.

REMOVE THIS SHEET - REVERSE MAY BE USED AS WORKSHEET

FHA FORM NO. 3131
(Supplemental) Rev. 8/71

FHA FORM NO. 3181
Rev. 3/71

Form Approved
Budget Series No. 438-1397

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

APPLICATION FOR TENANT SUBSIDY UNDER
THE SECTION 236 PROGRAM

1. Project Name and Address

2. Applicant's Name, Address and ZIP Code (Please Type)

3. Name (Head of Family) and Present Address

4. Check One
 White (Non-Minority) American Indian Spanish American
 Negro/Black Other

5. EMPLOYMENT (1) Occupation (2) Social Security No. (3) Years (4) Employer (Name and Address)

6. Household Composition and Family Income

NAME	Age	Sex	Relationship to Head	INCOME LAST 12 MONTHS				Total Last 12 Months (Sum of all Columns)	Current Income Monthly or Annually	Reported Income Last 12 Months	FHA Review
				Wages or Salary	Retirement Social Security Other	Dividend Interest	Other				
1.											
2.											
3.											
4.											
5.											
6.											
7.											
8. No. in household ---				TOTAL				(a)	(b)	(c)	

9. No. of Dependents (Total Dependents)

10. No. of Minor Children

11. No. of Other Minors

12. No. of Handicapped

13. No. of Handicapped

14. Total Annual Income (P-4(b) or (b)) ---

(a) Less 2% of Tot. Ann. Inc. (for Sec. 2) ---

(b) Less Burden of Minor Children ---

15. Less No. of Minors (P-10) X 1000 ---

16. Adjusted Annual Income ---

17. Adjusted Monthly Income (P-16 ÷ 12) ---

18. PAYMENT CALCULATIONS

1. Ann. Income Limit for the Family ---

2. Based on A. 1. 100% of Public Housing
2. 90% of Sec. 801(d)(8)

3. State Min. Rental 1% ---

4. Market Rental at full interest ---

5. 20% of Adjusted Monthly Income (P-17) ---

6. Tenant's Monthly Rental Payments ---

(P-9 if larger than 5-4; otherwise the smaller of 5-4 or 5-4)

7. Estimated Assistance Payment (5-4 minus 6-4) ---

19. SPECIAL CONSIDERATION TO BE GIVEN BECAUSE:

1. Of Physical Handicap 2. Of Age (65 or over) 3. Displaced by Government Action 4. Former Occupant 5. Displaced by Disaster

20. CERTIFICATION

I/We hereby certify that the foregoing information and content to the best of my/our knowledge and belief is true and correct and may be made to verify the statements herein.

Date _____

WARNING: Section 108 of Title 24, United States Code makes it a criminal offense to make false statements or misrepresentation to any Department or Agency of the United States or to any officer or employee thereof.

21. SURVEY AND CERTIFICATION (When Applicable Section)

The above information has been reviewed and the applicant is is not eligible to occupy the dwelling unit designated.

Applicant --- Occupant Will Occupy --- Apartment A ---

Address _____ Or (Date) _____

22. Type of Structure

1. Elevator

2. Walk-up or Garden

3. Single Family

23. Size of Unit

1. 1-Bedroom

2. 2-Bedrooms

3. 3-Bedrooms

4. 4-Bedrooms or more

5. Bungalow

6. Other _____

24. Apartment did not move in and application is cancelled (Check Box and send to FHA)

25. Signature _____

FHA FORM NO 3131
Rev. 5/71

Form Approved
Budget Bureau No. 630-1207

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

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

APPLICATION FOR TENANT ELIGIBILITY UNDER
THE SECTION 236 PROGRAM

B. Request Name and Address

C. Sponsor's Name, Address and ZIP Code (Please Type)

D. Head (Head of Family) and Present Address

A (Check One)

White (Non-Minority) American Indian Spanish American
 Negro/Black Oriental Other Minority

E. EMPLOYMENT: (1) Occupation (2) Social Security No. (3) Years (4) Employer (Name and Address)

Head of Household _____
 Spouse _____
 Other _____

F. HOUSEHOLD COMPOSITION AND FAMILY INCOME:

NAME	Age	Sex	Relationship to Head	INCOME LAST 12 MONTHS							Current Income Monthly or Annual	Reported Income Last 12 Months	FHA Server
				Wages or Salary	1. Social Security	2. Other	1. Dis- ability	2. Unem- ployment	3. Volun- tary	4. Other			
1.													
2.													
3.													
4.													
5.													
6.													
7.													
8. No. in household				TOTAL							(a)	(b)	(c)

G. PAYMENT CALCULATIONS:

1. Annual Income Limit for this Family ----- \$ _____
 2. Based on: a. 1. 100% of Public Housing
 2. 80% of Br. 201(0)(0)
 3. State Mo. Rental 15% ----- \$ _____
 4. Market Rental at full interest ----- \$ _____
 5. 50% of Adjusted Monthly Income (P-17) ----- \$ _____
 6. Tenant's Monthly Rental Payments ----- \$ _____
 (P-17 if larger than G-5; otherwise the smaller of G-4 or G-5)
 7. Estimated Assistance Payment (G-4 minus G-6) ----- \$ _____

H. SPECIAL CONSIDERATION TO BE GIVEN BECAUSE:

1. Of Physical Handicapped 2. Of Age (62 or over) 3. Displaced by Government Action 4. Former Occupant 5. Displaced by Disaster

I. CERTIFICATION:

I/We hereby certify that the foregoing information is true and correct to the best of my/our knowledge and belief. Inquiries may be made to verify the statements herein.

Date _____ Signature(s) _____
 (Head of Household or Spouse)

WARNING: Section 1001 of Title 18 of the United States Code makes it a criminal offense to make falsely in the statements or misrepresentation to any Department or Agency of the United States or to any matter within its jurisdiction.

J. REVIEW AND CERTIFICATION: (Check Applicable Boxes)

The above information has been reviewed and the applicant is is not eligible to occupy the dwelling unit designated.

Applicant -- Occupant Will Occupy -- Apartment # _____

Address _____ On (Date) _____

A. Type of Structure:
 1. Elevator
 2. Walk-up or Garden
 3. Single Family

B. Size of Unit:
 1. 1-Bedroom
 2. 2-Bedrooms
 3. 3-Bedrooms
 4. 4-Bedrooms or more
 5. Efficiency
 6. Other

Applicant did not move in and application is canceled
 (Check Box and send to FHA)

Date _____ Signature _____
 (Responsible Owner or Manager)

3131-1 HOUSING OWNER'S OR MANAGER'S COPY