### The City of Yakima

### Office of Neighborhood Development Services Consolidated Annual Performance Evaluation Report

### For Year of 2017



For further information, contact:

The Office of Neighborhood Development Services 112 S. Eighth Street Yakima, WA 98901 509-575-6101

#### **CR-05 - Goals and Outcomes**

Progress the jurisdiction has made in carrying out its strategic plan and its action plan. 91.520(a)

This could be an overview that includes major initiatives and highlights that were proposed and executed throughout the program year.

Each year the City of Yakima receives funding from the Federal Government for two entitlement programs; Community Development Block Grant (CDBG) funds and HOME Investment (HOME) funds.

The City of Yakima continues to use the bulk of it's CDBG funding to address "Single Family Rehabilitation" in the form of a "Senior/Disabled Emergency Home Repair Program" that assists qualified low to moderate income senior and/or disabled homeowners with emergency type repairs. This program encompasses repairs such as, no heat, no power, no hot water, leaking pipes, leaking roof or other such emergency repairs. The Single Family Rehabilitation program also includes a Wheel Chair Ramp program for qualified low to moderate Senior/Disabled homeowners as well.

CDBG funds also assist four eligible activities in the Public Service category of National Objectives. The first is a funding of public service programs administered through the Henry Beauchamp Community Center (formerly known as the South East Community Center). The second is a Landlord Tenant Hotline administered through the Office of Neighborhood Development Services to provide landlord/tenant advice as well as information material for both Landlords and Tenants explaining the Washington States Landlord/Tenant regulations in order to provide "Affirmatively Furthering Fair Housing" as required by HUD. The third eligible activity supported by CDBG through the Public Service is provided directly to low to moderate income homeowners through the Paint Out Graffiti program in addressing graffiti which directly affects lower income residential areas of Yakima. The fourth activity is an emergency heating program that assists low to moderate income Senior/Disabled homeowners with a "Gap" heating asisstance payment that brings them current with their heating bill in order to enable them to qualify for the local "LIHEP" program as administered through Opportunities Industrial Center of Washington (OIC).

The HOME Investment funds continues to support local Community Housing Development Organizations (CHDO) such as Habitat for Humanity and Next Step Housing as well as other certified organizations, in purchasing vacant lots and constructing either Single Family dwellings or Multi-family dwellings. The Single family dwellings are then sold to qualified low to moderate income first time homebuyers, while the rental units in the Multi-family residential units are tracked for a set affordability period, inspected regularly and required to be rented to qualified low to moderate income individuals or families.

HOME funds were used in 2016 and hereby reported within this CAPER, to rehabilitate twelve (12) existing Housing Authority multi-family apartment units that supply affordable housing to qualified low to moderate income tenants.

Comparison of the proposed versus actual outcomes for each outcome measure submitted with the consolidated plan and explain, if applicable, why progress was not made toward meeting goals and objectives. 91.520(g)

Categories, priority levels, funding sources and amounts, outcomes/objectives, goal outcome indicators, units of measure, targets, actual outcomes/outputs, and percentage completed for each of the grantee's program year goals.

	/ Amount	Indicator	Unit of Measure	Expected  - Strategic	Actual – Strategic	Percent Complete	Expected - Program
	Amount			Plan	Fiaii		Year
Affordable Housing	HOME: \$	Other	Other	1	1	100.00%	1
Non-Housing Community Development	CDBG: \$	Housing Code Enforcement/Foreclosed Property Care	Household Housing Unit				
	CDBG: \$	Other	Other	1	1	100.00%	1
Affordable Housing	HOME: \$	Homeowner Housing Added	Household Housing Unit	2	6	300.00%	4
Non-Housing Community Development	CDBG: \$	Jobs created/retained	Jobs	7	7	100.00%	7
Affordable Housing	HOME: \$	Direct Financial Assistance to Homebuyers	Households Assisted	1	2	200.00%	2
Affordable Housing	HOME: \$	Rental units constructed	Household Housing Unit	1	0	0.00%	2
Affordable Housing	HOME: \$	Rental units rehabilitated	Household Housing Unit	1	1	100.00%	2
Affordable Housing	HOME: \$	Homeowner Housing Added	Household Housing Unit	1	2	200.00%	
Non-Housing Community Development	CDBG: \$	Public Facility or Infrastructure Activities other than Low/Moderate Income Housing Benefit	Persons Assisted	1	0	0.00%	1
Non-Housing Community Development	CDBG:	Homeowner Housing Rehabilitated	Household Housing Unit	0	0		0
Non-Housing Community Development	CDBG: \$	Public service activities other than Low/Moderate Income Housing Benefit	Persons Assisted	2500	3349	133.96%	6800
	Inn-Housing Community Development  Infordable Housing Community Development  Infordable Housing Community Development  Infordable Housing Community Development  Inn-Housing Community Development	lousing \$ CDBG: \$ CDBG	Affordable dousing stommunity development  CDBG: \$ CDBG: Enforcement/Foreclosed Property Care  CDBG: \$ Other  CDBG: \$ Other  CDBG: \$ Other  CDBG: \$ Other  CDBG: \$ Direct Financial Assistance to Homebuyers  Affordable dousing Stommunity Stower Stow	Affordable lousing lon-Housing community everlopment   Homes    Affordable lousing community    Affordable lousing community    Affordable lousing community    Affordable lousing community everlopment community everlopment    Affordable lousing community everlopment    Affordable lousing community everlopment community everlopment    Affordable lousing entric financial entrope lousing entric	Affordable dousing sommunity development should be dousing sommunity development should be dousing sommunity development should be dousing should be double should	Affordable lousing S	Affordable lousing S

Public Services	Non-Housing Community Development	CDBG:	Public service activities for Low/Moderate Income Housing Benefit	Households Assisted	4	1	25.00%	4
Public Services	Non-Housing Community Development	CDBG:	Other	Other	7500	8752	116.69%	7500
Single Familiy Rehabilitation Program	Affordable Housing	CDBG:	Homeowner Housing Rehabilitated	Household Housing Unit	100	90	90.00%	90

Table 1 - Accomplishments – Program Year & Strategic Plan to Date

Assess how the jurisdiction's use of funds, particularly CDBG, addresses the priorities and specific objectives identified in the plan, giving special attention to the highest priority activities identified.

#### CR-10 - Racial and Ethnic composition of families assisted

Describe the families assisted (including the racial and ethnic status of families assisted). 91.520(a)

	CDBG	HOME
White	0	87
Black or African American	0	4
Asian	0	0
American Indian or American Native	0	0
Native Hawaiian or Other Pacific Islander	0	0
Total	0	91
Hispanic	0	37
Not Hispanic	0	91

Table 2 – Table of assistance to racial and ethnic populations by source of funds

#### **Narrative**

76 families were assisted through the Single Family rehabilitation programs at an average spent per household \$2,735.81 with an average income per month of \$1,617.93

#### CR-15 - Resources and Investments 91.520(a)

#### Identify the resources made available

Source of Funds	Source	Resources Made Available	Amount Expended During Program Year
CDBG	CDBG	1,234,527	762,746
HOME	HOME	2,064,820	479,651
HOPWA	HOPWA		
ESG	ESG		
Other	Other		

**Table 3 - Resources Made Available** 

#### Narrative

#### Identify the geographic distribution and location of investments

Target Area	Planned Percentage of Allocation	Actual Percentage of Allocation	Narrative Description
CITY OF			100% of the allocation was spent within the
YAKIMA	100	100	geographic location (Yakima City Limits)

Table 4 – Identify the geographic distribution and location of investments

#### Narrative

The city of Yakima does not limit either CDBG or HOME Investment funds to any limited target area, but uses these funds to the best of it's ability to assist any and all low to moderate income applicants that qualify within the programs funded within the entire City Limits of Yakima.

#### Leveraging

Explain how federal funds leveraged additional resources (private, state and local funds), including a description of how matching requirements were satisfied, as well as how any publicly owned land or property located within the jurisdiction that were used to address the needs identified in the plan.

CDBG funds are leveraged with partnerships with non-profits such as OIC of Washington in the continued operation of the Henry Beauchamp Center (formerly known as the South East Community Center) to provide community service programs to low and moderate income citizens. CDBG funds are also leverated through a partnership with Rural Community Development Resources in providing Microenterprise assistance to both new and existing small businesses in conjunction with private bank financing.

HOME Investment funds are used in partnership with local Community Housing Develoment Organizations such as Habitat for Humanity to construct new single family residential homes sold to qualified first time homebuyers and/or other qualified CHDO's, as well as other local affordable housing developers and owners.

Fiscal Year Summary – HOME Match						
1. Excess match from prior Federal fiscal year	15,696,186					
2. Match contributed during current Federal fiscal year	42,973					
3. Total match available for current Federal fiscal year (Line 1 plus Line 2)	15,739,159					
4. Match liability for current Federal fiscal year	0					
5. Excess match carried over to next Federal fiscal year (Line 3 minus Line 4)	15,739,159					

**Table 5 – Fiscal Year Summary - HOME Match Report** 

	Match Contribution for the Federal Fiscal Year										
Project No. or Other ID	Date of Contribution	Cash (non-Federal sources)	Foregone Taxes, Fees, Charges	Appraised Land/Real Property	Required Infrastructure	Site Preparation, Construction Materials, Donated labor	Bond Financing	Total Match			
HOME CHDO											
construction											
projects	12/31/2017	0	0	0	0	42,973	0	42,973			

Table 6 – Match Contribution for the Federal Fiscal Year

#### **HOME MBE/WBE report**

Program Income – Enter the program amounts for the reporting period								
Balance on hand at begin- ning of reporting period \$	Amount received during reporting period \$	Total amount expended during reporting period \$	Amount expended for TBRA \$	Balance on hand at end of reporting period \$				
0	0	0	0	0				

Table 7 – Program Income

Minority Business Enterprises and Women Business Enterprises – Indicate the number and dollar value of contracts for HOME projects completed during the reporting period

	Total		Minority Busin	ess Enterprises		White Non-		
		Alaskan Native or American Indian	Asian or Pacific Islander	Black Non- Hispanic	Hispanic	Hispanic		
Contracts	•							
Dollar								
Amount	0	0	0	0	0	0		
Number	0	0	0	0	0	0		
Sub-Contract	s							
Number	0	0	0	0	0	0		
Dollar								
Amount	0	0	0	0	0	0		
	Total	Women Business Enterprises	Male					
Contracts								
Dollar								
Amount	0	0	0					
Number	0	0	0					
Sub-Contract	:s							
Number	0	0	0					
Dollar								

0 **Table 8 - Minority Business and Women Business Enterprises** 

Amount

Minority Owners of Rental Property – Indicate the number of HOME assisted rental property owners and the total amount of HOME funds in these rental properties assisted

0

0

	Total		Minority Property Owners				
		Alaskan Native or American Indian	Asian or Pacific Islander	Black Non- Hispanic	Hispanic	Hispanic	
Number	0	0	0	0	0	0	
Dollar Amount	0	0	0	0	0	0	

**Table 9 – Minority Owners of Rental Property** 

**Relocation and Real Property Acquisition** – Indicate the number of persons displaced, the cost of relocation payments, the number of parcels acquired, and the cost of acquisition

Parcels Acquired	0	0
Businesses Displaced	0	0
Nonprofit Organizations		
Displaced	0	0
Households Temporarily		
Relocated, not Displaced	0	0

Households	Total		Minority Property Enterprises					
Displaced		Alaskan Native or American Indian	Asian or Pacific Islander	Black Non- Hispanic	Hispanic	Hispanic		
Number	0	0	0	0	0	0		
Cost	0	0	0	0	0	0		

Table 10 – Relocation and Real Property Acquisition

#### CR-20 - Affordable Housing 91.520(b)

Evaluation of the jurisdiction's progress in providing affordable housing, including the number and types of families served, the number of extremely low-income, low-income, moderate-income, and middle-income persons served.

	One-Year Goal	Actual
Number of Homeless households to be		
provided affordable housing units	10	0
Number of Non-Homeless households to be		
provided affordable housing units	90	88
Number of Special-Needs households to be		
provided affordable housing units	10	0
Total	110	88

Table 11 - Number of Households

	One-Year Goal	Actual
Number of households supported through		
Rental Assistance	0	0
Number of households supported through		
The Production of New Units	30	0
Number of households supported through		
Rehab of Existing Units	90	88
Number of households supported through		
Acquisition of Existing Units	2	0
Total	122	88

Table 12 - Number of Households Supported

## Discuss the difference between goals and outcomes and problems encountered in meeting these goals.

The difference between goals and outcomes and problems encountered in meeting these goals is the linear questions and reporting limitations set by HUD through it's IDIS reporting modules; beginning at the Five Year Consolidated Plan stage and running through the Annual Action Plans and subsequent Consolidated Annual Performance Evaluation Reports.

"Goals" are set with the lack of knowledge by entitlements as to availability of future funding in both the Five Year Consolidated Plan and individual Annual Action Plans, thus making any kind of "Predictions" five years into the future, by design, a measure of either true clarivoyance, meer happen stance or a clear miss as one takes a "Shot in the dark". Thus the prediction of goals will never be realized unless enormously lucky, skewed or severely limited at the very outset during the reporting series at the Five Year Consolidated Plan and thus carried through the individual Annual Action Plans and ultimately appearing as "Failure" or "Short comings" in the resulting Consolidated Annual Performance Report. (which ultimately allows the Federal Government to argue that performances are not what is expected and therefore budgets are reduced futher.)

#### Discuss how these outcomes will impact future annual action plans.

As reporting is skewed by the difference of "imaginary predictions in relation to Five Year Plans and One-Year Goals" and the real life occurance of reduced funding as applied to local housing through the continual rising cost of the local economy in relation to the construction industry, a conservative will limit the imagination of actually being able to accomplish affordable housing with an unknown and totally unreliable funding source as supplied through HUD by the Federal Government. Thus, goals will be significantly limited in the hopes that future goals will be closer and not give the public the perception that the "predicting entitlement" did not perform. In turn, this will eventual severely limit the Federal Government in using the perception that goals were not reached and therefore a state of non-performance is suggested and budgets reduced even more.

Include the number of extremely low-income, low-income, and moderate-income persons served by each activity where information on income by family size is required to determine the eligibility of the activity.

Number of Households Served	CDBG Actual	HOME Actual
Extremely Low-income	21	8
Low-income	26	4
Moderate-income	29	0
Total	76	12

Table 13 – Number of Households Served

#### **Narrative Information**

CR-25 - Homeless and Other Special Needs 91.220(d, e); 91.320(d, e); 91.520(c) Evaluate the jurisdiction's progress in meeting its specific objectives for reducing and ending homelessness through:

Reaching out to homeless persons (especially unsheltered persons) and assessing their individual needs

• The City of Yakima continues to struggle with dwindling federal entitlement funds and uses the majority of it's severely limited CDBG funds in assisting low to moderate income Senior/Disabled homeowners with emergency repairs in order to keep them in their homes and thus keeping this fragile populace from becoming displaced and adding to the Homeless situation. The City of Yakima continues to work with the Continuem of Care and the Conference of Government in assessing the numbers and needs of the unsheltered homeless.

#### Addressing the emergency shelter and transitional housing needs of homeless persons

The City of Yakima continues to work with the Conference of Governments and Transform Yakima Together with temporary emergency shelters to assist the homeless through severe weather conditions, while more permanent solutions are sought.

Helping low-income individuals and families avoid becoming homeless, especially extremely low-income individuals and families and those who are: likely to become homeless after being discharged from publicly funded institutions and systems of care (such as health care facilities, mental health facilities, foster care and other youth facilities, and corrections programs and institutions); and, receiving assistance from public or private agencies that address housing, health, social services, employment, education, or youth needs

The City continues to work with Community Housing Development Organizations in Multi-family unit projects that include set aside units that are specifically made available to qualified homeless individuals

and families.

Helping homeless persons (especially chronically homeless individuals and families, families with children, veterans and their families, and unaccompanied youth) make the transition to permanent housing and independent living, including shortening the period of time that individuals and families experience homelessness, facilitating access for homeless individuals and families to affordable housing units, and preventing individuals and families who were recently homeless from becoming homeless again

The City continues to work with Community Housing Development Organizations in Multi-family unit projects that include set aside units that are specifically made available to qualified homeless individuals and families.

#### CR-30 - Public Housing 91.220(h); 91.320(j)

#### Actions taken to address the needs of public housing

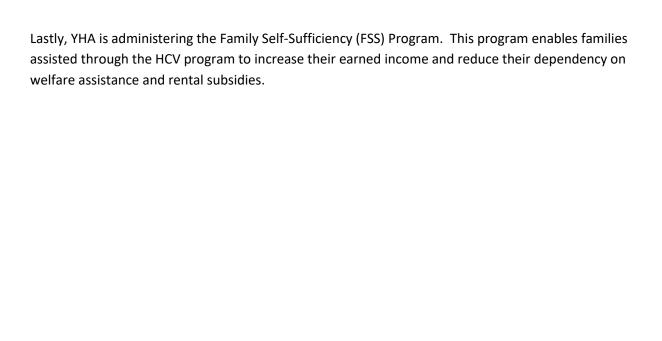
The Yakima Housing Authority (YHA) offers affordable housing through a variety of programs. Each program is designed to meet the need of our community.

- Housing for families; YHA offers two housing programs for low income families. The first is the Family Housing/Low Rent Program which has 150 units at scattered sites across Yakima. Rent is determined based on family income.
- The Housing Choice Vouchers-Section 8 program; Eligible families will receive rental assistance and can rent from any landlord that accepts Section 8 vouchers. Unit size and maximum rent limits apply.
- Housing for the Homeless; YHA offers a Section 8 Voucher program specifically for Veterans who also qualify as homeless under the Veterans Affairs Supportive Housing Program (VASH).
- Housing for Farmworkers; YHA owns and manages 173 units throughout Yakima County which are set aside for Farmworkers and their families. Reduced rents and rental assistance may be available.
- Housing for the Elderly; YHA owns and manages a 38-unit apartment building in Yakima for the elderly. In order to qualify for the one-bedroom units, the individual and his or her spouse must be 62 or older.
- Housing for the Disabled; YHA offers a Section 8 Voucher Program specifically for Non-Elderly Disabled Individuals through the NED Voucher Program.

## Actions taken to encourage public housing residents to become more involved in management and participate in homeownership

The Yakima Housing Authority encourages resident involvement with programs like the Resident Advisory Board (RAB). The (RAB) provides the YHA and residents with a forum for sharing information about the Agency's Annual Plan. RAB membership is comprised of individuals who reflect and represent the residents assisted by the PHA. The role of the RAB is to assist the PHA in developing the PHA Plan and in making any significant amendment or modification to the Plan. In addition, Yakima Housing Authority is an active participant in crime free rental housing which allows our residents to be a part of the local block watch and we participate every year, inviting our residents and local organizations, in the National Night Out.

The YHA also participates in the Yakima County Asset Building coalition and they are establishing a partnership with YV-CAN for the Union Gap and Yakima area. YHA is also in the process of collaboration with the AmeriCorps VISTA Educational Project with the goal of every eligible resident signing up for the college bound scholarship.



Actions taken to provide assistance to troubled PHAs

The Yakima Housing Authority is not designated as "Troubled".

#### CR-35 - Other Actions 91.220(j)-(k); 91.320(i)-(j)

Actions taken to remove or ameliorate the negative effects of public policies that serve as barriers to affordable housing such as land use controls, tax policies affecting land, zoning ordinances, building codes, fees and charges, growth limitations, and policies affecting the return on residential investment. 91.220 (j); 91.320 (i)

The Yakima City Council is an elected body chosen by the citizens of Yakima and as the governing body is able to direct the Yakima City Manager as to managing changes, negative or otherwise concerning public policies that serve as barriers to affordable housing within the cities control concerning land use controls, tax policies affecting land, zoning ordinances, building codes, fees and charges, growth limitations and policies affecting the return on residential investment.

#### Actions taken to address obstacles to meeting underserved needs. 91.220(k); 91.320(j)

Due to the continued reduction of federal entitlements, the ability to take action to address ever growing obstacles to meet the need of underserved citizens continues to grow. The City of Yakima continues to assist its citizens to the best of it's ability as directed by the Yakima City Council as the elected and governing body representing the citizens of Yakima through the programs described throughout this document. The Cities Annual Action Plan and Five Year Consolidated Plan as approved by HUD.

#### Actions taken to reduce lead-based paint hazards. 91.220(k); 91.320(j)

The Office of Neighborhood Development Services addresses Lead-Based paint hazards as required and outlined by HUD within it's individual programs.

#### Actions taken to reduce the number of poverty-level families. 91.220(k); 91.320(j)

The City of Yakima continues to stride to increase it's Economic Development avenues to increase available local jobs that pay reasonable living wages. The City continues to seek to establish new businesses as well as commercial manufacturing and agricultural opportunities to broaden the employment avenues available to it's poverty-level families.

Actions taken to develop institutional structure. 91.220(k); 91.320(j)

Institutional structure is expanded as needed and as funding allows.

# Actions taken to enhance coordination between public and private housing and social service agencies. 91.220(k); 91.320(j)

The City continues to partner with both public and private housing agencies, such as the Yakima Valley Habitat for Humanity, The Yakima Catholic Diocese Housing Services and the local Yakima Housing Authority to address affordable housing issues within the city limits of Yakima. The City also communicates with a large variety of social service agencies through several committes in which both City council member and/or staff attend.

# Identify actions taken to overcome the effects of any impediments identified in the jurisdictions analysis of impediments to fair housing choice. 91.520(a)

Any impediments identified by the City of Yakima are addressed on an individual basis and then addressed by either the individual city department with the expertise to do so, or assigned by the Yakima City Manager as directed by the elected governing body, the Yakima City Council.

#### CR-40 - Monitoring 91.220 and 91.230

Describe the standards and procedures used to monitor activities carried out in furtherance of the plan and used to ensure long-term compliance with requirements of the programs involved, including minority business outreach and the comprehensive planning requirements

The City of Yakima's Office of Neighborhood Development Services is regularly monitored by both Region 10 HUD monitors and the Washington State Auditors Office as to program compliance and comprehensive planning requirements per mandated Federal HUD regulations. Both of these monitoring reports are available through HUD and the Washington State Auditors office through the "Public Disclosure Act".

#### Citizen Participation Plan 91.105(d); 91.115(d)

Describe the efforts to provide citizens with reasonable notice and an opportunity to comment on performance reports.

As outlined in the City of Yakima's adopted "Citizen Participation Plan", a Fifteen day written comment period is conducted as advertised in both the Yakima Herald newspaper and the El Sol newspaper, along with two public meetings which are advertised at least 15 days prior to the scheduled meetings that are held before the Yakima City Council and held in order to provide the public the opportunity to comment on the Consolidated Annual Performance Evaluation Report, as mandated by HUD. The City also posts the CAPER on the city's website so that it can be easily downloaded and reviewed.

#### CR-45 - CDBG 91.520(c)

Specify the nature of, and reasons for, any changes in the jurisdiction's program objectives and indications of how the jurisdiction would change its programs as a result of its experiences.

Due to the limited Community Development Block Grant (CDBG) funds the City of Yakima has received in the past several years of significantly reduced allocations a number of long term worthwhile programs have been eliminated. The City of Ykaima continues to use the bulk of it's CDBG funds to assist to keep low to moderate Senior and/or Disabled homeowners in their homes and from becoming displaced and/or homeless due to the deterioration of their residences. Due to the limited funding and continued rising requests for assistance in these programs, the City is unable to assist in other areas of growing concern, such as expanding and assisting the homeless. It is the Cities objecting to continue to assist at risk elderly and disabled homeowners to remain in their homes and not become displaced and further add to the rising homeless numbers.

Does this Jurisdiction have any open Brownfields Economic Development Initiative (BEDI) grants?

No

[BEDI grantees] Describe accomplishments and program outcomes during the last year.

#### CR-50 - HOME 91.520(d)

Include the results of on-site inspections of affordable rental housing assisted under the program to determine compliance with housing codes and other applicable regulations

Please list those projects that should have been inspected on-site this program year based upon the schedule in §92.504(d). Indicate which of these were inspected and a summary of issues that were detected during the inspection. For those that were not inspected, please indicate the reason and how you will remedy the situation.

Please list those projects that should have been inspected on-site this program year based upon the schedule in §92.504(d). Indicate which of these were inspected and a summary of issues that were detected during the inspection. For those that were not inspected, please indicate the reason and how you will remedy the situation.

- The City of Yakima's Office of Neighborhood Development Services has a number of HOME assisted projects that are on a revolving inspection schedule. In 2017 Summerset Apartments at 711 W. Walnut Street as a federally HOME- assisted property funded through the city of Yakima, Office of Neighborhood Development Services is still in the affordability period (2003 thru 2018). As per HOME rules a on-site Housing Quality Standards inspection of two units is required every three (3) years. Two units were inspected and passed inspection with no listed deficiencies.
- Rose of Mary located at 5301 Tieton Drive, had nine HOME assisted units inspected with no deficiencies listed. The affordability period for Rose of Mary is 2009 through 2029 with inspections scheduled every two (2) years.

Each unit is inspected using "Housing Quality Standards, Code Requirements and Deteriorated Paint Visual Assessment Inspection Checklists.

# Provide an assessment of the jurisdiction's affirmative marketing actions for HOME units. 92.351(b)

sThe Following actions are taken by the City of Yakima to evaluate the success of its Affirmative Fair Housing Marketing Policy and that of it's Grantees:

- The City of Yakima Assess the results of it's affirmative Fair Housing Marketing Plan annually with a summary of "Good Faith efforts" taken by its Grantees in the CAPER.
- The City of Yakima assesses the information compiled in the manner described under Section V and Section VII above and evaluates the degree to which statutory and policy objectives were met. If the required steps were taken, the City of Ykaima will determine that good faith efforts

have, in fact, been made.

- To determine results, the city may examin whether specific groups in the cities service ara applied for or owners of HOME-or-CHDO-funded units that were affirmatively marketed. If the city finds that specific groups are represented, particularly Hispanics, African Americans, Asians, American Indians, persons with disabilities, and women, the City will assume that the Marketing plan procedures were effective. If one or more groups are not represented within the context of existing neighborhood composition, the City will review its procedures to determine what changes, if any, might be made to make the affirmative marketing efforts more effective.
- The City of Yakima will take corrective action if its determined that a Grantee has failed to carry
  out Affirmative Marketing efforts as required. If a Grantee continues to neglect responsibilities
  made incumbest by the terms of the HOME or CHDO Agreement, the City will consider taking
  action to rectify the problem with the Grantee.

Refer to IDIS reports to describe the amount and use of program income for projects, including the number of projects and owner and tenant characteristics;

# Refer to IDIS reports to describe the amount and use of program income for projects, including the number of projects and owner and tenant characteristics

The City of Yakima partnered with the Yakima Housing Authority to rehabilitate ten (10) units of existing affordable multi-family housing. This partnership included the cities portion of HOME Investment program income in the amount of \$364,000 and resulted in assisting the following units and families with the following statistical make-up.

#### Unit 1

- Bedrooms 4
- Median Income 38%
- Hispanic/Latino
- Family Size 7
- Family Type 2 parent household

#### Unit 2

- Bedrooms 5
- Median Income 45%
- Hispanic/Latino
- Family Size 6

• Family Type – 2 parent household

#### Unit 3

- Bedrooms 3
- Median Income 10%
- Hispanic/Latino
- Family Size 7
- Family Type 1 parent household

#### Unit 4

- Bedrooms 2
- Median Income 58%
- Hispanic/Latino
- Family Size 3
- Family Type 1 parent household

#### Unit 5

- Bedrooms 2
- Median Income 29%
- Hispanic/Latino
- Family Size 4
- Family Type 2 parent household

#### Unit 6

- Bedrooms 2
- Median Income 62%
- Hispanic/Latino
- Family Size 4

#### • Family Type – 2 parent household

#### Unit 7

- Bedrooms 2
- Median Income 77%
- Hispanic/Latino
- Family Size 4
- Family Type 2 parent household

#### Unit 8

- Bedrooms 3
- Median Income 79%
- Hispanic/Latino
- Family Size 5
- Family Type 2 parent household

#### Unit 9

- Bedrooms 2
- Median Income 65%
- Family Size 4
- Family Type 2 parent household

#### Unit 10

- Bedrooms 3
- Median Income 28%
- Hispanic/Latino
- Family Size 1
- Family Type single non-elderly

Describe other actions taken to foster and maintain affordable housing. 91.220(k) (STATES ONLY: Including the coordination of LIHTC with the development of affordable housing). 91.320(j)

The City of Yakima continues to work with the local Yakima Housing Authority, as well as qualified Community Housing Development Organizations (CHDO) in reviewing affordable housing needs in Yakima. The City of Yakima Partners with qualified CHDO's to construct affordable housing and sets aside the HUD required 15% of it's HOME entitlement for that endeavor, yet every year the need increases as does the amount of the cities monetary participation of times far exceeding the 15% . Although HOME entitlement funds continue to shrink as the Federal Regulation of the program expands and administration costs associated with meeting those federal regulations continues to expand and grow.

#### **Attachment**

### **2017 HOME Match Report**

4. Feregane Taxes, 5. Apparaised 8. Required Construction Materials, 8. Bond 9. Toto Donated labor Financing Match	Excess match carried over to next Federal fiscal year (line 3 minus line 4)  \$ tatch Contribution for the Federal Fiscal Year	Total match available for current Federal fiscal year (line 1 + line 2)  Match liability for current Federal fiscal year  \$ 42,973.	prior Federal fiscal year uring current Federal fiscal year (see Part III c)	7. State 9. Zip Code VVA 98901	Part   Participant Identification	U.S. Department of Housing and Urban Development Office of Community Planning and Development
	\$ 15,739,158		186.	509-575-8101	Contributions for at Fiscal Year (yyyy) 2017 annotating this report)	(exp. 12/31

1. Project No. or Other ID
2. Date of Contribution (mmaddyyyy)
3. Cash (non-Federal sources)
4. Foregone Taxes, Fees, Charges
5. Appraised Land / Real Property
6. Required intrastructure
7, Site Proparation, Construction (Asterials, Donated labor
8. Bond Financing
9. Total Match

Public reporting burden for this collection of information is estimated to average 45 minutes par response, including the time—for reviewing instructions, assembling data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or spraw, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

The HOME statute imposes a significant number of data collection and reporting requirements. This includes information on assisted properties, on the owners or tenants of the properties, and on other programmatic areas. The information will be used: 1) to assist HOME participants in mentions in mentions in mentions in mentions are reporting and affordability equirements in mentions from information and commitment and expenditure statutory and explaint program requirements. This add collection is authorized under Title II of the Cranston-Conzalez National Affordable Housing Act or related authorities. Access to Federal grant funds is contingent on the expenditure of certain project-specific data elements. Records of Information collected will be maint. Affordable Housing Act or related authorities. Access to Federal grant expenditures of grant funds is public information and is generally available for disclosure. Recipients are responsible for en suring confidentiality when public disclosure is not required.

# Instructions for the HOME Match Report

# Applicability:

The HOME Match Report is part of the HOME APR and must be filled out by every participating jurisdiction that incurred a match liability. Match liability occurs when FY 1993 funds (or subsequent year funds) are drawn down from the U.S. Treasury for HOME projects. A Participating Jurisdiction (PJ) may start counting match contributions as of the beginning of Federal Fiscal Year 1993 (October I, 1992). A jurisdiction not required to submit this report, either because it did not meur any match or because it had a full match reduction, may submit a HOME Match Report if it wishes. The match would count as excess match that is carried over to subsequent years. The match reported on this form must have been contributed during the reporting period (between October I and September 30).

# : Surum:

This form is to be submitted as part of the HOME APR on or before December 31. The original is sent to the HUD Field Office. One copy is sent to the

Office of Affordable Housing Programs, CGHF Room 7176, HUD, 451 7th Street, S.W. Washington, D.C. 20410.

The participating jurisdiction also keeps a copy

# Instructions for Part II:

- Excess match from prior Federal fiscal year: Excess match carried over from prior Federal fiscal year.
- Match contributed during current Federal fiscal year: The total amount of match contributions for all projects listed under Part III in column 9 for the Federal fiscal year.

- Total match available for current Federal fiscal year: The sum of excess match carried over from the prior Federal fiscal year (Part II. line 1) and the total match contribution for the current Federal fiscal year (Part II. line 2). This sum is the total match available for the Federal fiscal year.
- addition, a jurisdiction can get a full reduction if it is declared a disaster area under the Robert T. Stafford per capita income to qualify for a reduction) income (must be less than 75% of the national average mor capita income to qualify for a reduction). In Disaster Relief and Emergency Act. poverty rate to qualify for a reduction) and per capita The two criteria are poverty rate (must be equal to or greater than 125% of the average national family meets both criteria, indicating "severe fiscal distress." distress," or else a full reduction (100%) of match if it of two statutory distress criteria, indicating "fiscal to get a partial reduction (50%) of match if it meets one project does not go forward. A jurisdiction is allowed assistance loans do not have to be matched if the drawn down for CHDO seed money and/or technical capacity building do not have to be matched. Funds tive costs, CHDO operating expenses, and CHDO and used to meet match liability for subsequent years Federal fiscal year. Excess match may be carried over amount drawn down for HOME projects during the (see Part II line 5). Funds drawn down for administra-Match liability for current Federal fiscal year; The The amount of match required equals 25% of the must be provided is based on the amount of HOME is provided periodically to PJs. The match must be funds drawn from the U.S. Treasury for HOME projects provided in the current year. The amount of match that amount of match hability is available from HUD and

5. Excess match carried over to next Federal fiscal year: The total match available for the current Federal fiscal year (Part II. line 3) minus the match liability for the current Federal fiscal year (Part II. line 4). Excess match may be carried over and applied to future HOMIE project match liability.

# Instructions for Part III:

Project No. or Other ID: "Project number" is assigned by the C/MI System when the PI makes a project setup call. These projects involve at least some Treasury funds. If the HOME project does not involve Treasury funds, it must be identified with "other ID" as followes: the fiscal year (last two digits only), followed by a number (starting from "01" for the first non-Treasury-funded project of the fiscal year), and then at least one of the following abbreviations: "SF" for project using shortfall funds, "PI" for projects using program income, and "NON" for non-HOME-assisted affordable housing. Example: 93.01.SF, 93.02.PI, 93.03.NON, etc.

Shortfall funds are non-HOME funds used to make up the difference between the participation threshold and the amount of HOME funds allocated to the PI; the participation threshold requirement applies only in the PI's first year of eligibility. [§92.102]

Program income (also called "repayment income") is any return on the investment of HOME funds. This income must be deposited in the jurisdiction's HOME account to be used for HOME projects. [§92.503(b)]

page 3 of 4 pages

form HUD-40107-A (12/84)

Non-HOME assisted affordable housing is investment in housing not assisted by HOME funds that would qualify as "affordable housing" under the HOME Program definitions. "NON" funds must be contributed to a specific project: it is not sufficient to make a contribution to an entity engaged in developing affordable housing. [§92.219(b)]

Š

- Date of Contribution: Enter the date of contribution.
   Multiple entries may be made on a single line as long as
   the contributions were made during the current fiscal
   year. In such cases, if the contributions were made at
   different dates during the year, enter the date of the last
   contribution.
- project not related to the affordable housing units relating to the portion of a mixed-income or mixed-use increases in operating costs, operating subsidies, or costs placements, a project reserve account for unanticipated date eligible tenants, a project reserve account for reused to remove and relocate ECHO units to accommo ing non-eligible costs: the value of non-Federal funds under §92.206 (except administrative costs and CHDO operating expenses) or under §92.209, or for the followcan count as match if it is used for eligible costs defined account. [§92.220(a)(1)] In addition, a cash contribution eligible when the loan is not repayable to the PJ's HOME Cash: Cash contributions from non-Federal resources. lent of a below-market interest rate loan to the project is entities (State/local governments), private entities, and be used for HOME projects. The PJ, non-Federal public tribution must be deposited in the PJ's HOME account to individuals can make contributions. ment, interest, or other return on investment of the confurisdiction provides to a project. Therefore all repay-HOME Program regardless of the form of investment the this means the funds are contributed permanently to the The grant equiva-00
- 4 Foregone Taxes, Fees, Charges: Taxes, iees, and charges that are normally and customarily charged but have been waived, foregone, or deforred in a manner that achieves affordability of the HOME-assisted housing. This includes State tax credits for low-income housing development. The amount of real estate taxes may be based on the

post-improvement property value. For those taxes, fees, or charges given for future years, the value is the present discounted cash value. [§92.220(a)(2)]

- Appraised Land/Real Property: The appraised value, helore the HOME assistance is provided and minus any debt burden, hen, or other encumbrance, of land or other real property, not acquired with Federal resources. The appraisal must be made by an independent, certified appraiser. [§92.220(a)(3)]
- Required Infrastructure: The cost of investment, not made with Federal resources, in on-site and off-site infrastructure directly required for HOME-assisted affordable housing. The infrastructure must have been completed no earlier than 12 months before HOME funds were committed [§92 220(a)(4)]
- ing Availability (NOFA) for the HOME Program PJ's cost estimate procedures. The value of donated or Site preparation, Construction materials, Donated [§92.220(6)] rate") to be published annually in the Notice Of Fundvoluntary labor is determined by a single rate ("labor tion materials is determined in accordance with the housing. The value of site-preparation and construcfor, or construction or rehabilitation of, affordable \$92.354(b)) in connection with the site-preparation and construction materials, not acquired with Federal resources, and any donated or voluntary labor (see labor: The reasonable value of any site-preparation 4 0 Çn. A
- Bond Financing: Multifamily and single-family project bond financing must be validly issued by a State or local government (or an agency, instrumentality, or political subdivision thereof). 50% of a loan from bond proceeds made to a multifamily affordable housing project owner can count as match. 25% of a loan from bond proceeds made to a single-family affordable housing project owner can count as match. Loans from all hand proceeds, including excess bond match from prior years, may not exceed 25% of a PI's total annual match contribution. [§92,220(a)(5)] The amount in excess will count as part of the statutory over, and the excess will count as part of the statutory limit of up to 25% per year. Requirements regarding

bond financing as an eligible source of match will be available upon publication of the implementing regulation carly in FY 1994.

Total Match: Total of items 3 through 8. This is the total match contribution for each project identified in item 1.

9

# Ineligible forms of match include:

- Contributions made with or derived from Federal resources e.g. CDBG funds [§92.220(b)(1)]
- Interest rate subsidy attributable to the Federal taxexemption on financing or the value attributable to Federal tax credits [§92.220(b)(2)]
- Contributions from builders, contractors or investors including owner equity, involved with HOME-assisted projects. [§92.220(b)(3)]

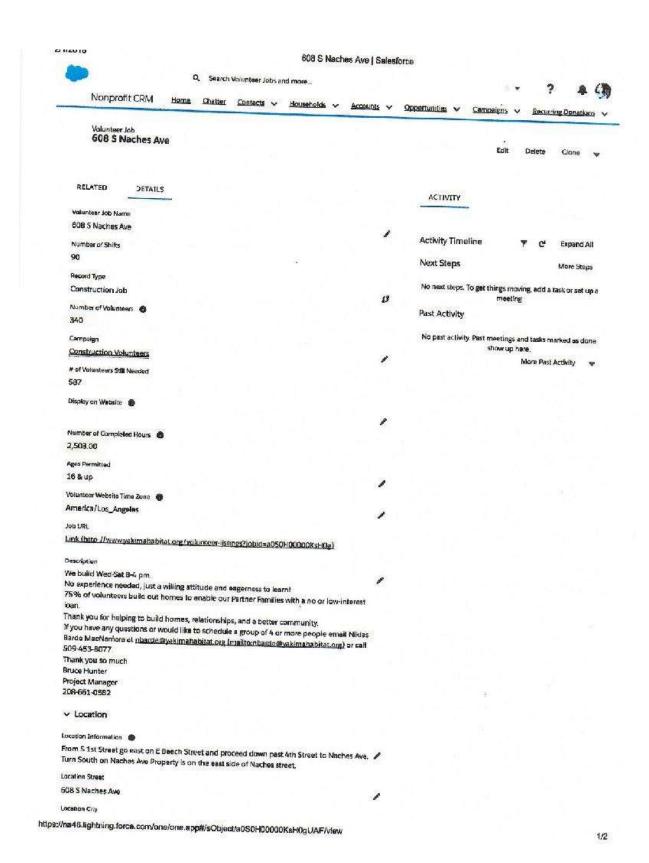
دوا

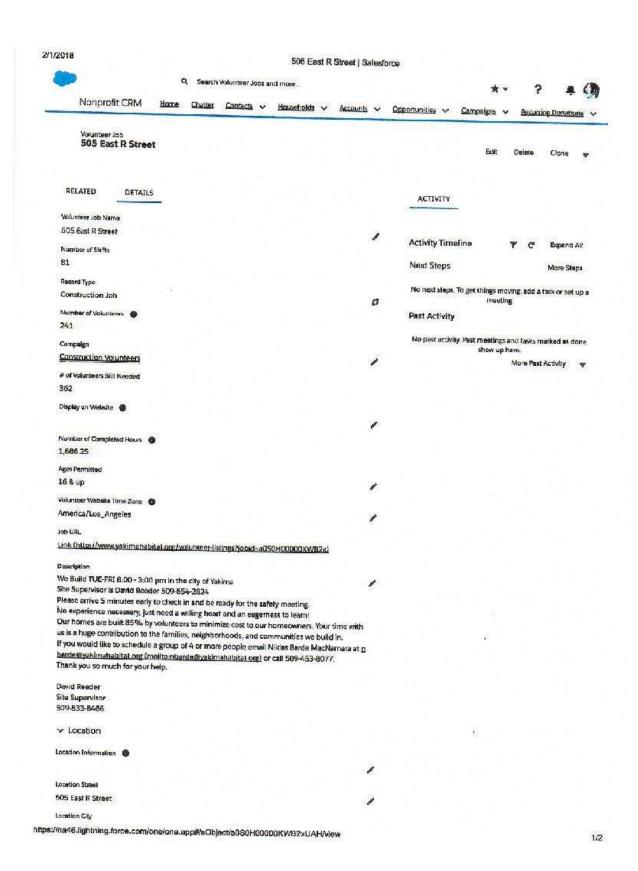
- Sweat equity [§92,220(b)(4)]
- Contributions from applicants/rocipients of HOME assistance [§92.220(b)(5)]
- Fees/charges that are associated with the HOME Program only, rather than normally and customarily charged on all transactions or projects [§92,220(a)(2)]
- Administrative costs

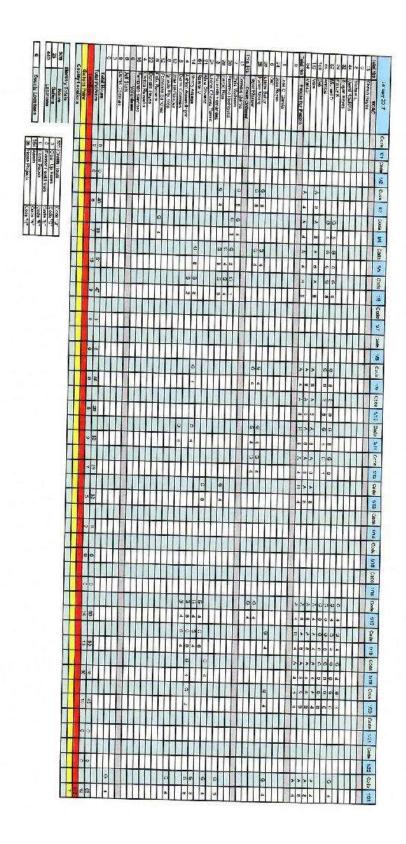
form HUD-40107-A (12/94)

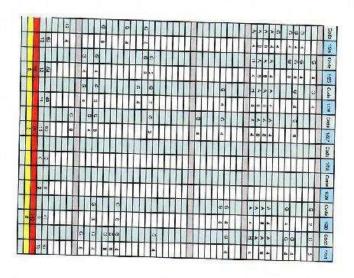
LOAN IDIS# NAME ADDRESS LOAN PURCHASE PROJECT
DATE PRICE DESCRIP OTHER ACCRUED MATCH
Volunteer Hours
# of Volunteers 584 Match Liability 2017
New Carry Forward 2017 Match Accrued
Carry Forward LENDER 4,297 ONDS 8 80 ONDS MATCH
EXPENDED REQUIRED \* \$0 \$15,696,186 \$15,739,158 \$0 \$15,739,158 \$42,973 \$42,973 \$0

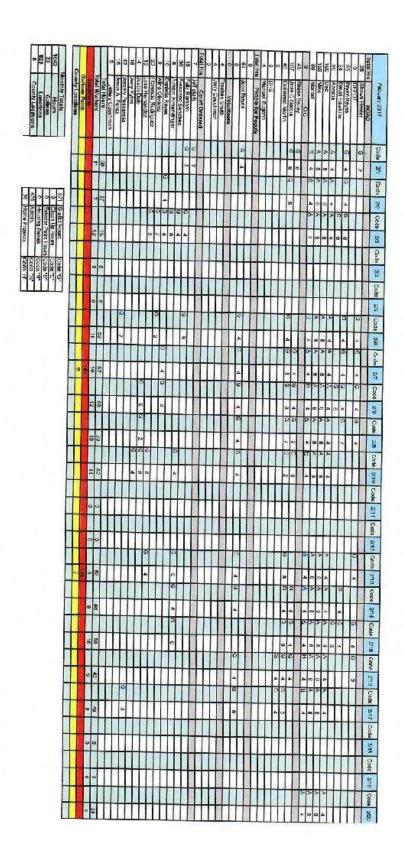
FINAL Jan-Dec 2017 HOME Match Report Data

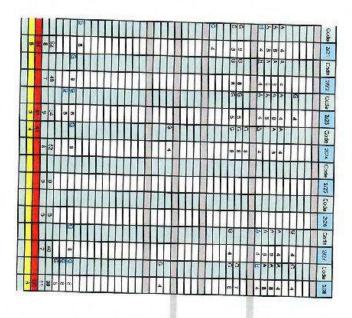


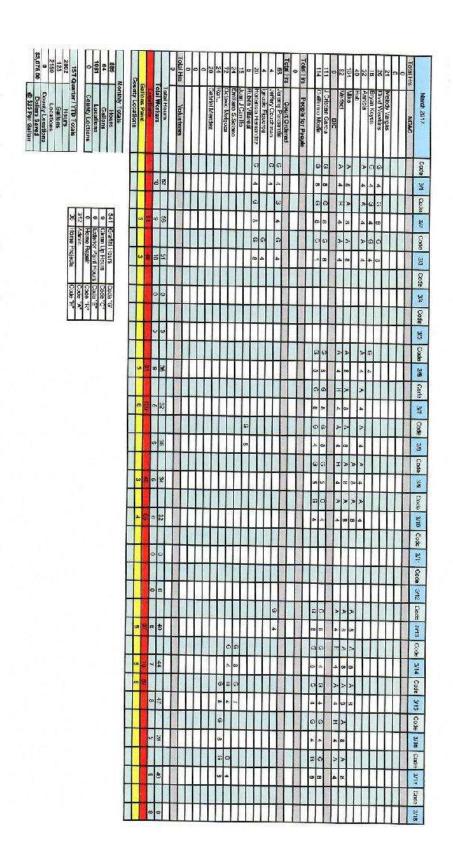


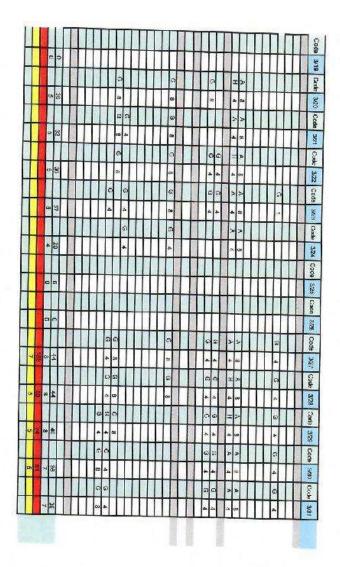












### **2017 HOME Performance Report**



DEPARTMENT OF COMMUNITY AND ECONOMIC DEVELOPMENT Office of Neighborhood Development Services 112 South Eighth Street Yakima, Washington 98901 Phone (509) 575-6101 • Fax (509) 575-6176

Inspection Date: 1/11/2018 Time: 10:00 PM Realtor: Sylvia Phone:

# HOUSING QUALITY STANDARDS, CODE REQUIREMENTS AND DETERIORATED PAINT VISUAL ASSESSMENT INSPECTION CHECKLIST

HOMEBUYER:	
Apartment #: 110, 206, 209, 210, 211, 307, 310, 309 & 314 (1 Bedroom)	
PROPERTY ADDRESS: 5401 W. Walnut, Rose of Mary	
PROPERTY AGE:10 Years	

#### SECTION ONE:

BUILDING EXTERIOR	PASS	FAIL	COMMENTS
1.Condition of foundation	X	1	COMPLETE
2.Condition of roof	X		
3. Condition of stairs, rails, & porches	X		
Condition of exterior surfaces     (siding, soffit, etc)	x		
5.Condition of chimney	N/A		
6.Condition of paint:			
a) cracking, scaling, or peeling	LX		
b) chipping or loose	СX	ш	
<ul> <li>adequately treated or covered</li> </ul>	СX		

#### SECTION TWO:

BUILDING SYSTEMS	PASS	FAIL	COMMENTS
1.Heating equipment	X		
2. Ventilation/Cooling	X		
3. Water heater	X		
4.Rough plumbing	x		
5.Sewer	X		
6.Electrical service/Wiring	X		
7.Smoke Detectors	x x		

#### SECTION THREE:

LIVING ROOM	PASS	FAIL	COMMENTS
1.Floor condition	X		COMMENTS
2. Window condition	×		
3.Door condition	X		
4. Electrical fixtures	X		
5.Ceiling condition	X		
6. Wall condition	X		
7.Condition of paint:	X		
<ul> <li>a) cracking, scaling, or peeling</li> </ul>	DX		
b) chipping or loose	ПX		
<ul> <li>c) adequately treated or covered</li> </ul>	ПX	0	

#### SECTION FIVE:

BATHROOM	PASS	PATE	COLUMN
1.Floor condition	X	FAIL	COMMENTS
2. Window condition	1		
3.Door condition	X		
4.Electrical fixtures/Ventilation	X		
5. Toilet condition	X	_	
6. Wash basin/Laboratory conditions	X	_	
7. Tub or shower unit condition	X		
7. Ceiling condition			
8. Wali condition	X		
9.Condition of paint:	X		
a) cracking, scaling, or peeling		( <u>125</u> )	
b) chipping or loose		_	
c) adequately treated or covered	0	0	

#### SECTION SIX:

LAUNDRY ROOM/UTILITY ROOM:	PASS	FAIL.	COMMENTS
1.Floor condition	X	PALL	COMMENTS
2.Window condition	v		
3.Door condition	Y		
4.Blectrical fixtures/Ventilation	X		
5.Ceiling condition	x	-	
6.Wall condition	Y		
7.Condition of paint:	x		
<ul> <li>a) cracking, scaling, or peeling</li> </ul>	OX.	0	
<ul> <li>b) chipping or loose</li> </ul>	LIX	0	
<ul> <li>adequately treated or covered</li> </ul>	UX		

#### SECTION SEVEN:

BEDROOM NO 1: location	PASS	FAIL	COMMENTS
1.Floor condition	Y	FALL	COMMENTS
2. Window condition	Ÿ		
3.Door condition	X	- 3	
4.Electrical fixtures	X		
5.Ceiling condition	Y		
6. Wall condition	X		
7.Condition of paint: a) cracking, scaling, or peeling b) chipping or loose c) adequately treated or covered	X DX DX	0 0 0	

#### SECTION EIGHT:

BEDROOM NO 2: location N/A	PASS	FAIL.	COMMENTS
1.Floor condition			COMMENT
2. Window condition		-	
3.Door condition			
4.Electrical fixtures			
5.Ceiling condition			
6.Wall condition			
7.Condition of paint:			
a) cracking, scaling, or peeling		0	
b) chipping or loose		0	
<ul> <li>adequately treated or covered</li> </ul>		O.	

## SECTION NINE:

2. Window condition	X	1			
3 Door condition	X			_	
4. Riectrical fixtures 5. Ceiling condition	X				-
6. Wall condition	X				-
7.Condition of paint:	X	-			
u) cracking, scaling, or peeling	X	100		2,74	
b) chipping or loose	GX GX				
c) adequately treated or covered	DX.	0			
SECTION ELEVEN:			28/15/55		
OTHER ROOM: location N/A	PASS	1 70 . **	Lanting		
.Floor condition	PASS	FAIL	COMMENTS		
Window condition					
3 Door condition 4 Electrical fixtures					-
Celling condition					
. Wall condition					
Condition of paint:				L	
a) cracking, scaling, or peeling	-				
o) Chipping or loose		0			
c) adequately treated or covered	n	ū			
ECTION TWELVE: NTRIES, HALLWAYS OR STAIRCASES:	PASS	Kan	COMMENTS		
.Floor condition	X	ratti	COMMENTS		
Door condition	X				_
Electrical fixtures Ceiling condition	X				-
Wall condition	X				
Condition of paint:	X	-			33
a) crucking, scaling, or peeling	x □x	6			
b) chipping or loose	EX.	0			
c) adequately treated or covered	ШX	0			
ECTION THIRTEEN:					
NHABITABLE ROOMS: N/A	PASS	MAY I	CONTRACTOR		
Electrical conditions	FASS	CAIL	COMMENTS		
Potentially hazardous features				_	
Condition of paint:  a) cracking, scaling, or peeling	07-11	-			
b) chipping or loose	C .	п			
adequately treated or covered	0	0			
	RY OF IN			Dico	P.17*
ISUAL ASSESSMENT OF DETERI	ORATEL	PAIN	iT:	PASS	FAIL
(it tailed Visual Assessment of	Deteriorate	d Paint	see Section 15 on next no	Te)	
ISPECTOR SIGNATURE				/2018	
ECTION FIFTEEN:				DAT	E
	£2000m	cD			
Failed Visual A	asessment o	Delene	orated Paint:		-
iled Inspection Section number:					
The second secon					
aluation Results:					
commended Repairs Using Safe Work Practic					

Office of Neighborhood Development Services City of Yakima

Project Compliance Report: Rental Housing

PROJECT: Rose of Mary ADDRESS: 5401 TIETON DRIVE

| Date: 12 | Date

No. of UNITS: 40

No. of HOME UNITS: 9

REPORTING PERIOD: JANUARY 2017 TO DECEMBER 2017

Compliance Unit Status Y/N? (P! Only)	7 7	<b>7</b>	7	7	7 7	7 7	χ χ	уУ	アア	7 7
Tenant's Amual Gross Income	ar8,21 \$	\$ 13,050	811,118	\$ 4,00 s	* 16.38 S	*18,392	\$ 61/818	F19,652	89,500	केरिवाकी के
Monthly Unit Rent	9123	<b>१</b> ।स्रिय	bb18	6241	لالع	4145	8116	<b>4</b> 135	\$23\$	401
Max Rent	\$ 2010	\$628	\$102.8	462.8	\$ 628	\$628	SV2B	\$628	8798	8008
Utility Allowance	984	430	\$30	130	\$36	430	\$ 36	430	\$30	130
Rent Allowance	\$205	\$ 244	8229	1818	क्ष द्वान	6223	4310	\$243	5193	4361
Date of Last Income Cert.	Tililo1	3jrli1	4hIn	דשום רולוזוי	ผาย	rilia	시기	Sith	211/17	nlile
# of Bedrooms	-	-	-	-	_	_	_	_	-	_
# Persons		_	-	_	-		_	-		_
Tenant Name	Reederis	Akdag, M	Cummins, m	wells, >	DBara, T	St. George, M	Poyne, D	HADAKHY, L	Close, U	Pelson, J
Unit No.	No	206	200	210	211	767	309	310	કાન	315

Project Representative; ONDS Reviewer:

12/7/17 Date:

Date:

City of Yakima Office of Neighborhood Development Services

Project Compliance Report: Rental Housing

\*These households lived in Home units during soil expirming period

	u mianau	receils nousing commissioner		
Read this behow you complete and goth in HLD 50089  Public Reporting Burden. The reporting burden for this collection of information is estimated to striving 66 minutes per response, including the liene for reviewing instructions, seastfulling exiting deals sources, gethering and maintaining the data needed, and conneleting and reviewing the collection of information including suggestions for reducing this kinden, to the Office of Management and Budget, Paperwork Reduction of information including suggestions for reducing this kinden, to the Office of Management and Budget, Paperwork Reduction Project (2020/2004). When information information information are promoted and size, and the amount the information is per collected by HLD to determine an applicant's eligibility. In managing certain HLD properties to protect the Government's financial interest, and to weith the accuracy of the information may be managing certain HLD properties to protect the Government's financial interest, and to weith the accuracy of the information may be missed in accuracy of the information financial product a computer market by wait't be information for the production may be accurated to the financial control of the information for the Cocial Security Administration and the Department of Health and Consulted Management (2NA) between the Social Security Administration and the Department of Health and Computer and all other household members, have and use. Giving the Social Security Numbers (SSNe), unless exempled by 24 CFR 5.216, yet, and all other household members, have and use. Giving the Social Security Management of provides any information only result in a detay or rejection of your eligibility approval.	Read his behow you on one was a manual or the sound of th	Botton A. Automotedgenants or you complete and age finit from Hug. This collection of information is east a existing data sources, geheving as a selecting data sources, geheving as is send comments regarding this burden, to the Office of M. mation is being collected by HUD is mation is being collected by HUD is must pay lower feet and clinicals. Internet's linearcial interest, and to vi- a computer matter to verify the list of accomplien matter to verify the list of openide all of the information reques all other household members, have all above.	1-8006h  The maintaining the de decenting of the de decenting of the de decenting of the decention of the decenion of the decention of the decention of the decention of the dec	minutes per response, to needed, and other speak of this per speak of this size registrity. The reform to essist in the reformation turnshed. This information new be stellon and the cial Security Numbers Siste of all household speak. Failure to provide operval. Failure to provide proval. Failure to provide proval. Failure to provide proval.
Privacy Act Statement. The Department of Housing and Ulten Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937, as amended (42 U.S.C. 1437 et. seq.); the Housing and Ultran-Rural Recovery Act of 1983 (FL. 98-181); the Housing and Community Development Tachnical Amendments of 1984 (FL. 98-479); and by the Housing and Community Development Act of 1987 (FL. 98-479); and by the Housing and Community Development	nent of Housing and Uri 42 U.S.C. 1437 et. seq schnics! Amendments	ban Development (HUD) is .); the Housing and Urban of 1984 (P.L. 98-479); and	authorized to collect Rural Recovery Act o by the Housing and C	this information by the V 1963 (P.L. 98-181); the Community Development
Tenantis! Certification - LIMe certify that the information in Sections C. D. and E. of this form are true and complete to the best of myolour knowledge and belief. Whe understand that lives can be fined up to \$10,000, or implicated up to five years, or lose the subsidity HUD pays and have myour rent information. In this false or incomplete information and the veryour rent care and if the furnish false or incomplete information.  Ounter's Certification - 1 cardity that this fenantic eligibility, rent and essistance payments have been computed in accordance with HUD's regulations and administrative procedures and that all required verifications were obtained.	that the information in stand that I we can be ed, if I we funish false is Tenant's eligibility, recodures and that all is	<ul> <li>IVMe certify that the information in Sections C. D, and E of this form are true and complete to the best of select. (Me understand that fluw can be fined up to \$10,000, or implicanted up to fluw years, or lose the subsidity out rest increased, if the funish false or incomplete thormation.)</li> <li>I carrier that Tenant's eligibility, rest and essistance payments have been computed in accordance with diministrative procedures and that all required verifications were obtained.</li> </ul>	s form are thus and co prisoned up to five ye is have been compute bitsined.	ers, or lose the best of ers, or lose the subskdy ed in accordance with
False Claim Statement. Warning: U.S. Code, Title 31. Section 3729, False Claims, provides a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages for any person who knowingly presents, or causes to be presented, a false or fraudulent claim; or who knowingly makes, or caused to be used, a false record or statement; or conspires to defraud the Government by getting a false or fraudulent claim allowed or paid.	5. Code, Title 31. Section the amount of damage life amount of damage life makes, or caused to ent claim allowed or pe	Warning: U.S. Code, Title 31, Section 3729, Felter Cleinre, provides a civil peneity of not less than \$5,000 I, this 3 times the amount of damages for any poison who knowingly presents, or causes to be presented, who knowingly makes, or caused to be used, a faise record or steferrent; or conspress to defraud the lise or fraudulent dain allowed or paid.	rides a civil penalty or ringly presents, or car statement; or conspa	fnot less than \$5,000 uses to be presented, a res to defraud the
The second secon	Certification	Certification Summary from Page 2		
Name of Project RDSE OF MARY TERRACE		Effective Date 1081/2917	Certification Type Amuna Recentification	Ambigrathel Woudher Date 18/01/2017
Head of Household Sandaa Reede		Total Tenani Payment. 235	Australia Payment 223	Tenani Rent 205
Unit Number 190 (HO)		Externating Circumstances Code	s Code	
	Ten	Tenant Signatures		
Some of Household of Perpublic	11- pt 20	Office Adult		Cabe
	Dobe	Denier Autuit		Date:
Other Adult	Deter	Other Adult		Date
Other Adult	Date:	Other Adult		Date
Other Adult	Date:	Other Adult		Date:
Other Adult	Charle:	Other Adult		Date:
Other Adult	Dete	Other Adult		Date
	Owner	Owner/Agent Bignetture		
CHARACTER Superior Richo	The state of the s			Cote 8-79-17
Party and the second of the se				-

					eda.	Hous	ING C	Office of Housing Federal Housing Commissions	and.					Reco	nd for	Record for Landlords
10	Proect Name		H	25	5	- S	ATTACA	Section B Summary information	region							
		ROSE OF UNITY TERRACE		12.Effscave Date	app	1	1		P.	1807/2017	T D1 Link Membe	'Ara'	1			0
2.8	2. Subsidy Type	Section 202 PRAG		13. Anspirated Voucher Date	Vouch	er Date			100	19/05/2017	-	choores				100110
20.50	3. Secondary Subschy Type		3	14.Next Recentification Data	Messic	m Deta			101	01120						1
- 4	4 Property ID	Andrews W.	- 1		1							slar Code				
0	S Contest Number	Motestra		134 Yestifosilon Total		9		Parent.	1043/201	1043/2011		Cert No				
7 P	7. Project MAX ID	TRACMORDES		17 Action Procesued	P		1		200	C C	27 226 ResinAMR Rent	WARP D	tue.		1	g
9	8.Plan of Action Code		8	18.Conection Type	90%	Н					29 Market Rent	THE				
E :	S HUD-Owned Project?		9	16 EV Indicator			1				29 Contract Rent	Rent				•
T D	11. Displacement Scalus Code		R	A Prov. Subskiy Type	V PyD						30 Utility Allowance	Wance of				30
			Н				П			П	32. TTP at RAD Convension	AD Conv	BIRION			1
8 2	X year	T	25	Sec	38	C. Hou	9	Section C. Household Information	ation 42	9	100	4	48 47		99	2
8	2011	Frit Name	3			ace.		Birth Date Special Sterus	Steries	Start		SSN Eng	Coce Num	Alen Reg.	98	Work
8 3	Reade	Sandra	-	Hitlead		3	N	11/18/1944	ä		5505561706	3	28		2	
8					H	П						1	+	T	+	
8			+		H									П	П	
8 8			+	1	+	200	1					+	-			
8			H	П	H							H	H			
3			-		+	7	1			-		-				
51.F	our affility has wooding bestitings 51. Family has Heering Disability? 52. Family has Visual Disability?	z	2 2 2 2 2 2	63 Number of Family Members 54 Number of Non-Tamily Members 55 Number of Dependents 56 Number of Election Members	n Pant	ly Men fits fits fembers	pers	111	-00-	6 8 8	57. Expedied Family Addition - Adoption 58. Expedied Family Addition - Progressory 59. Expedied Family Addition - Foatsr Children	ty Acotto ty Acotto ty Acotto	n-Adopt n-Proge n-Fosts	ency Childher	111	
8 2 3	50. Previous Head Last Name 51. Previous Head Rist, Name 82. Previous Head Middle Initial				111					822	63 Adive Full Carl Elective Date 64 Previous Head ID 55 Previous Head Birth Date	Ellectiv ID Birth Da	app a	11		
12/2	Section I	Section D. Income information							3	etion	Section E. Asset Information	ormaste	6			
842	87. Incorte Type Code	Date Amount	100 A	SSW Benefits Claim No.	花園園	28.2	8	76. Description	~ 8	77 Sarius	Cash Value	Actu	Actual Yearly Income		Distraction Distraction	
8	Social Security	73.676	-			-	# S	Savings - Hapa Commu		-	88		0	-		
		-10-	-		555		deliner drig -	Life Insurance - Ban Life Insurance - Mus Checking - Hope Comm		000	3,864		000			
70.Te	70.Total Employment Income		1	0	=	Total C.	1	81. Total Cash Value of Assets	E	1		1		-	4242	
1 4 CT	71. Total Pension Income		П	12,876	20 8	82 Actual Incorns from A	noom	82 Actual Income from Assets	2						٥	
73.7	73.Total Other Inzome	2		0	3 8	TOUR	) Ineso	BALITOUTH COMMISSION NAME BALITOUTH INCOME TIME Assets	Bets.						0	1
74.18	74. Total Non-Assel Income			12,878	8	85.Asiatincom	1000			1					0	
				Section F. Allowances & Rent Calculations	Allo	Warse	*	Must Cak	nistion					200		-
2 2	60. Total Annual Income 67 Low Income I Inci	12,876	8 8	12,876 97. Deduction for Dependents	200	nderets			1	0	108 Total Tenant Payment	nt Payme	lui.			205
100	58 View I car browner I mit	00880	3	DOLLO MELLEND LINE EN MENNING		Section.				0	O 109. TTP serare Overnde	re Cyerra	8			1
SE	89 Extremely Low Income Limit		9	100 % of Income	9	1			1	3000	111 Utility Enimburation	1 Survenu	100			500
00	80 Current Income Status		ē	CONTRACT EXPENSE	DEMICE					0	112 Assistence Payment	Payme	-			273
B E	81.Eigibility Universe Code		102	102 Disability Deduction	decto					0	113 Welfare Rent	ant				0
2.50	R2.Sec. 8 Assist. 1994 Indicator		193	103 Medical Expense	9949		4			3,484	3,484 T14.Rent Override	age.			П	
83.Inc	83.Income Exception Code		100	194 Medical Deduction	nogen		1			3,078	3,078 115.Hardship Examplion	- semplior	_			
2 3	Self-George of Continued		5	105 Ederly Family Deduction	Ded A	notion	1	-		400	400 116.Walver Type Code	e Code		1		
1	SELHOUSERD Of CRESSING Florida	2	9 6	TUT Adjusted Arrival Income	9 19 19	Mon	I			300	S 478 117. Elgibity Check Not Required	Pock No	Require	-		2
	The state of the s	THE TAIL	-	CONTROL OF	3		Dille.	100		2000	TIG. COMPAGE	S Circum	Blances	Socie		

Read this before the Bunden. The reporting burden for this before you complete and sign like formation is estimated to average 55 minutes per response, notically the time for reviewing historious, searching details districtions is estimated to average 55 minutes per response, completing and reviewing the collection of information before completing and maintaining the data meeded, and collection of information for the formation for the formation of information including suggestions for reducing it its burden realiment or any other aspect of this Proper (25000004). Whethingson, DC 205(3.7 The information including suggestions for reducing it its burden selfment of any other aspect of this recommended unit size, and the amount the terrangin mist pay movement has the formation of the selection of the formation of t	Section AAcknewedgements Read this before you complete and say his form HLD-2009 Ing burden for this collection of information is estimated ing searching ackling datas sources, pathering and mail finformation. Send comments regarding this burden set form for reducing this burden, to the Office of Namages OC. The information is being collected by HUD to etem the threattly must pay toward rear and utilities. HUD use to the Comment's financial interest, and to verify the may conduct a computer methy to verify the financial may conduct a computer methy to verify the sidormation in you, and all other household members, have and all fits, you, and all other household members, have and all fits you, and all other household members, have and all fits you and all other household members, have and all fits you will all the providing the SSNs will effect yo jeddon of your eligibility approved.	Section A Ackness regimens the form He to consider the complete form He collection of Informations is particularly and comments regarding this burden, to the Office of Lody the Lody the Lody this burden interest, and to this particular the mander interest, and to dispense the Complete Collection of Action 10 of Agreement (CAIA) between the 3 Agreement (CAIA) between the 10 Agreement (CAIA) between th	Un-soogs and maintaining the dyardeness assimated to average 5 and maintaining the dyardeness and maintaining the dyardeness and the accuracy Admin Acceptation you bronke Social Security Admin Acceptation for the and use. Glowing the Side and the Side and use of the side and and are side are are are are are are are are are ar	Public Reporting Bunden. The repoliting burder for this collection of information is settlemented to severage 55 minutes per response, complete and sign bit for HUD-20099 in the for instancing the statement of the control of the co
Public Reporting Bunden. The report including the time for revisaving historical completing and reviewing the collection of information including suggified Project (2502000). Whethington, DC 20g recommended unit size, and the amount managing certain HUD properties, to part	Weat first before you commit not burden for this collector. I fillowatch. So searching existing the fillowatch. So so so so so so so so so (3). The information is to the terminal must pay to the terminal must be to the terminal must be to so so so so so so so so to so so so so so so so so so so so so so so so so so to s	the and sign this form 14 from action is die not first own the sources. gathering the surface, to the College of sing collected by HUD went next and old little own the surface of sing collected by HUD went next and old little own the surface of sing collected by HUD went the training the collected in the surface of the	UD-50096 Institutated to average 5 and maintaining the d Arrangement and Bud Management and Bud Montagement and Bud Social Security Admin In Social Security Admin	So minutes per response, data needed, and youther special (in the special of this special of this maken to assist in maken to assist in maken to assist in maken to assist in the response of the sponse of the subsity bevelopment complete to the best of gars, or bee the subsity ted in eccontaince with
recommended unit size, and the amount managing certain HUD properties, to prof	vo The internation is by the tenant(s) must pay it is not the Covernments find may conduct a compute may conduct a compute s. You must provide after the S. you, and all other hours of the conduction of your dispising, not pay leddon of your dispising, not pay leddon of your dispising.	arms collected by HUD ward rent and olificia- arctal interest, and to r metter to verify the it r floats, between the rewold members, has rowiding the SSN's will approved. Development (HUD) ine Housing and Urba	I to determine an appli I HUD uses this informa- Verify the accustory of a provenity the accustory of a provenity Admin provenity Admin provenity Admin provenity Admin provenity Admin provenity Admin provenity Admin and use. Cloving the lefted your edigibility a lefted your edigibility a lefted your edigibility a left of your edigibility a left form are thus and c this form are thus and c this form are thus and c	ident's eighblity, the maint in aeals in the maint in aeals in the maint in aeals in the first indentation and the second second second second second second approval. Failure to provide community Development complete to the best of gars, or bee the subsidy ted in eccontaince with
MUD OF 8 PUBBIC HOUSING Authority (PHA)	uter Matching Agreemer	It (CMA) between the of the information required mehold members, has approved. Development (HUD) ine Housing and Lyba	Social Security Administration of intelliging the Sea and Les. Giving the sea and Les. Giving the sea and sea of the sea of the sea and control of the sea	interior and the cocal sector may be interior and the cocal Sectorial Numbers SSNe of all household approval. Failure to provide approval. Failure to provide community Development complete to the best of care, or bee the subsidy ted in accordance with the or a secondance with the cocal and and the cocal a
reseasor at accordance with HUS computer Medicining Agreement (CMA) between the Social Security Administration and the Department of Health and Human Services. Not must provide all of the information requested, including the Social Security Numbers (SSNs), unless exempted by 24 CFR 5.218, you, and all darks household members, have and use. Giving the SSNs of all household any information may result in a deliay or maindatory, not providing the SSNs will affect your eligibility approval. Failure to provide any information may result in a deliay or majection of your eligibility approval.	Company of the Compan	Development (HUD) he Housing and Urbs	is authorized to collect in Flural Recovery Act of by the Housing and chils form are true and commissioned up to five w	of 1983 (P.L. 198-18.1); the Community Development Community Development complete to the best of care, or beer the subsidy led in eccontance with vivacy Act Statement and
Privacy Act Statement. The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937, as amended (42 U.S.C. 1437 et. seq.); the Housing and Urban-Rural Recovery Act of 1989 (P.L. 98-183); the Housing and Community Development Technical Amendments of 1984 (P.L. 98-479); and by the Housing and Community Development	nt of Housing and Urben t U.S.C. 1437 et, seq.); t Anical Amendments of 1	984 (P.L. 98-478); an	his form are true and o morisoned up to five w	cens, or bee the best of cens, or bee the subsidy led in eccentance with ifwacy Act Statement and
Tenantis) Certification • Livie certify that the information in Sections C, D, and E of this form are true and complete to the best of myour knowledge and belief. Hithe understand that live can be fined up to \$10,000, or inprisoned up to the years, or beet the subasicy HUD pays and have myour rent increased. If live furnish lighe or incremelate information.	at the Information in Section in Section in Section of that I've can be fax	tions C, D, and E of the ord up to \$10,000, or in translates informations		ted in accordance with Vivacy Act Statement and
Cowner's Certification - Loarity that this Tenant's eligibility, rent and assistance payments have been computed in accordance with HUD's regulations and administrative procedures and that all required verifications were obtained.  Wenting to Cowness and Tenantes. By aligning this form, you are indicating that you have read the above Privacy Act Statement a relegible to entire the applicable Certification.	Tenant's eligiblity, rant a rdures and that all requir signing this form, you an	nd assistance paymer led verifications were e indicating that you h	nts have been compus obtained. Inve read the above Pi	
Certification Su	Certification Sum	Cortification Summary from Page 2		
ROSE OF MARY TERRACE		Effective Date 03/05/2017	Certification Type	Articipated Voucher Dute
Head of Household Maquita Akdeg		Total Yener's Payment 274	Assistance Payment	Tenant Rent
Unit Number 206 (226)		Extenuating Circumstences Code		
		Tenant Signatures		
Marin & Wesley	7-10-201	Other Adult		Dete:
Spoline / Coffieed	Date:	Other Adull	1	Cate
Other Adult	Date	Other Acutt		Dente
Cthos Aduli	Date	Other Action		Date
Other Adult	Date:	Other Achilli	-	Date
Other Adult	Date	Other Adult		Date
Other Adult	Code	Other Adult		Date
To according to	Owner/Agant Signature	Signature		
Section Recho				Date 2 - 10 - 17
Previous versions of the form are obsolete. This form also replaces MID shots in the man	Pege 1 of 2	* 2	=	form HUD-50050 (06/2014)

Committee   Comm				5	deral	fice of ottering	Colice of Housing Federal Housing Commissioner	1			Record for Landbads	Record for Landlords	Lendler
Columnication   December   Columnication   C	1. Project Neme		-	Sec	10s B.	Sum	nary Inform	ation					
Section 20: PACK   12 Annicolated Vaccing Inc.		ROSE OF MARY TERMS	CE 12 PM	ctive Dag				08/0	WAT 10 CHO.	March			
14 Near Recentation Date	2.Subrady Type		AC 13.Anb	V betted v	bucher	25		Oeto	(OO) 7 (22 km	of Darkerson			206 (20
St. Checks	3 Secondary Subsidy Type		14.Nex	Recent	3 nogues	ale		0300	72018 Z1B.A	ing D		-	1
Comparison   Com	6. Devised Manho		-							Figuration Cor	94		
10 Charecites Types	Confront Marriage	171	15. Pro	BOT MOVE	An Dete			03/2		OUS UNIT NO			
10 Conceiler Processed   22 206 Basin-Brind Rent   1 To Conceiler Processed   1 To Conceiler Process	Project MAX ID	WATESORI	16.Cent	McSalon I	MbB		Annew	Recedi		riy Deposit			231
State   Park   State	A Plan of Action Code	INCRESS		In Process	880			1	27.236	SEICHEMIR F	Pant.		
Sheet Sunset Type	HUD-Owned Project?		19.EIV	dicator					28 Meria	al Fant			
Section C. Household interenation   11 Garden Family Connection   12 TTP at RAD Connection   12 Garden Family Section C. Household interenation   13 Garden Family Section C. Household interenation   13 Garden Family Section C. Household interenation   13 Garden Family Section C. Household Family Market C.	O.Previous Housing Code		20 Psez	Subsady	Fyge				Call Company	AND REAL			428
12	1. Displacement Status Co.	8				П			31 Gross	Rest			8 8
10   10   10   10   10   10   10   10			-	Sectiv	So G.	in mah	old informs	1	32. TTP	M PAD Com	version		
Hi House   F   W   2 05/20/1949   Bind   15/20/2049   CCC   173		38. First Name	-		8 9	\$ B	6rdh Date	- B 1		5 K	ton Alen Reg.		48 Werk
State   Stat		Mercurite	-	1	1	+		Cientas		đ	ode Number		Codes
St. Number of Early Monders   1   57 E-Destado Family Addition - Adoption   1   58 E-Destado Family Addition - Adoption - Chair of Marine of New Parings - New Par	-		11	++		11	CM LASSE	ā	2894083		26	r	
St. Number of Earthy Monteins   1   57   Expected Family Addition - Adoption   58   Expected Family Addition - E	*		-	+		+	T	1	+	+		1	
St. Mumber of Eaglise Manners   1   57   Expected Family Addition - Addocyce   1   1   1   1   1   1   1   1   1	0.5		4	H	Ц	H			H	+	-	1	1
St. Number of Fately Movebers   1   57   Cogneted Fately Action - Adoption   1   1   1   1   1   1   1   1   1	2		+	+		-		+					
St. Murrater of Family Members   1   ST. Expected Family Addition - Additio	60					-		+	-	+	-	1	
Set All Control   Contro	Fernity has Mobiley Disast Family has Visual Disabili Family has Visual Disabili	111	St. Number 56. Number 55. Number 66. Number	of Non-	y Mendy amily V ndents	era	111	- 50	57. Expected F 58. Expected F 59. Expected F	amiy Addill amiy Addill amiy Addilla	nn - Adleption nn - Pregnancy nn - Foster Child		000
Secretary   Secr	Previous Head First Name, Previous Head First Name, Previous Head Middle Ins							]	63. Active Full C	Sen Effectived in the Control of the	a Date		Ш
SERN SERVED   175   17		D. Imcome information				8		Rece	OS Previous He	act Birth De		-	
Chem   No.   The Percuption   State   Cash Value   Archael Warry   Dispension   Cash Value   Archael Warry   Dispension   Cash Value		-			12	1	2	1	R	ON THE PARTY OF TH	8,	90	
Discussion   Exposure   Control			1			ă	scription	State			1 Yearly Ome	Diversità	
10,000   31 Toles Cest's Young of Assets   10,000   2,813   10,000   2,813   10,000   2,813   10,000   2,813   10,000   2,813   10,000   2,814   10,000   2,8			8		-	MCKRQ - Incum	Eldonato Papo Gradi Hapo Crad	0000	4 100 100 2709				
20	Total Employment Income Total Pension Income		12,086	III	St Tobal	Cest V	alue of Assents o from Assets				1	2,813	11
12,000	Tetal Other Income		0	Ī	83.HEED 84.IMp.4	Passibe	ok Rate me from Asset				1.1	0.000	П
Secretary   Automated   Secretary   Carlou and Comes	Idda Nee Asset Income		12,036		55.Aspe	Proore						1,000	1
March Color   Department   March Color   March Color	Total Annual Innumo		2000	80 F. A	NEWS IN	Des &	Perit Calcul	spogs					
10 to 17 t	Ow ficome Land	13,035	87 Deducts	on for De	pendent				O TOB Total Te	rent Payme	H		274
100   100	Nery Low Property Lines	10.500	O PACOS	1000	Company	- 5		1	0 109 TTP Be	dore Overnito			
10   Districtly Exponence	othernety Low Income Limit		100.3% or	income	08(9010	3			O 10 Tenant	Ser.			244
CLD Selektiv Decision         0 1413 Methods Provided           And Markaul Decision         2008 114 Revolution           All Additional Engineers         2008 114 Revolution           All Additional Decisional or and analysis of the Additional Section	Jurent Income Stable		101.Disabil	V Expens				-	O 112 Assistan	the Physics			1
Medical Ecomes 2,089	Igolity Universe Code		102 Deabil	ty Deduc	lon				D 113 Weltone	Rent			1
1672 Stelloy Family Deduction 1672 OF Total Deduction 400 OF Total Deduction 400 OF Total Deduction 400 OF Total Deduction 400	Monte Fancation Cade		10 Medica	Econos				2,06	3 114 Rout Ow	arride			T
105 Total Deduction 2,0072	Dies/Security Tanant?		10% Fileson	Deducto	H			1.67	2 115.Handshp	Extemption			П
107 Acjusted Annual Income	univor of Qualifier?		O Total D	ductors	NISCHE		-	4	O 11d Warrer	pe Code			П
The state of the s	ousehold Cazanship Eligib	Kity	107 Acquete	SAnnus	MOOR			10.06	4 118 Firms	DOM COMP	Populación de la companya de la comp	1	Z

Read Burden. The reporting Burden.	Section A this before you con under for this coll esroting existing ormation. Send co	Ection A - Acknowledgements  Read bits below you complete and aign this form HUD-sector  The reporting burden for this collection of information is estimated to average 55 minutes per response, grantholons, eserobing execting of information is estimated to average 55 minutes per response, grantholons, eserobing execting data sources, gathering and maintaining the data needed, and collection of information of informatic regarding this burden estimate or any other aspect of this	3-50059 Umated to average 55	minules per response.
including the bit more retentions, esecuting extenting extenting the state and estimate the state needed, and completing and evaluations, esecuting extention grant extention and extended or any other aspect of this completing and evaluation of information of information of information including suggestions for reducing file burden, to the Office of Menagement and Budget, Paperwork featureth project 1250/20240, What information is being collected by HUI to determine an applicant's adjability, the recommended until size, and the amount the featureth in managing certain HUD properties, to protect the Government's financial interest, and to verify the information to assist in managing certain HUD properties, to protect the Government's financial interest, and to verify the information in assist in managing certain HUD properties, to protect the Government's financial interest, and to verify the information funished. HUD out a Public Housing Authority (PHA) may conducted a computer match to verify the information may be released in accordance with FUD's Computer Matching Appendent (CMA) between the Social Security Administration and the Department of Human school and Amount Security Numbers (SSNe), unless exempted by 24 CFR 5.216, you, and all other household members, have and use. Geining the SSNs of all household any information may result in a delay or rejection of your eligibility approval. Failure to provide any information may result in a delay or rejection of your eligibility approval.	The incompanents the analysis of an according to a compound a compound to compound the according to a compound the according to a compound the according to the	being collected by HUD! It being collected by HUD! It toward rent and utilities. It mandal interest, and to variety the int of the match to variety the int of the information request onsehold members, have providing the SSNs will siy approval.	not maintaining the dat offen estimate or any of management and Budg of effertuine an applica HUD uses this informa- erify the accuracy of the ornation you provide. Ocial Socurity Adminis sted, including the Soc and use. Göring the So and use. Göring the So and use. Göring the So	Is needed, and a manufactured in the appearance of this and a page and of the and a page a pag
Privacy Act Statement. The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937, as americal (A2 U.S.C. 1437) at, seq.); the Housing and Undah-Rutal Recovery Act of 1953 (P.L. 88-181); the Housing and Community Development Technical Amendments of 1984 (P.L. 88-479); and by the Housing and Community Development Act of 1987 (A2 U.S.C. \$843).	Fhousing and Urt S.C. 1437 et. seq cel Amendments	The Department of Housing and Urban Development (HUD) is authorized to collect this information by the is americal 42.U.S.C. 1437 81. set,); the Housing and Urban-Rural Recovery Art of 1963 (P.L. 99-191); the Welopment Technical Amendments of 1984 (P.L. 98-479); and by the Housing and Community Development.	s authorized to collect I Rural Recovery Act of by the Housing and C	his information by the 11953 (P.L. 98-181); the binmunity Development
Tenant(s)' Certification — MVe certify that the Information in Sections C, D, and E of this form are true and complete to the best of mydour knowledge and belief. IMMs understand that IMms can be fined up to \$10,000, or imprisoned up to fine years, or lose the subsidy. HUD pays and have mytour rent increased, if IMms furnish false or incomplete information.	ne information in 3 d'het livre can be livre fumish false (	<ul> <li>- Wive certify that the information in Sections C. D, and E of this form are true and complete to the best of belief. Whe understand that twee can be fined up to \$10,000, or impaisoned up to five years, or fose the subsidiour rent increased. If the furnish laise or incomplete information.</li> </ul>	s form are true and co prisoned up to five yea	implete to the best of are, or lose the subsidy
and not more than \$10,000, plus 8 times the amount of damages for any person who knowingly presents, or causes to be procented, a false or faudulant claim; or who knowingly makes, or caused to be used, a false recard or statement; or conspires to defaud the Covernment by getting a false or faudulant claim allowed or paid.  Covernment by getting a false or faudulant claim allowed to paid.	mount of damage tes, or caused to sim allowed or par Certification	nt of demages for any person who know or caused to be used, a false record or lowed or paid.	wingly presents, or cau ratement, or conspin	ses to be presented, a es to defraud the
Name of Project		Effective Clats	Certification Type	Arricipeted Vouches Date
ROSE OF MARY TERRACE		09/03/2017	Annual Recentification	06/01/2017
Mindle Currents		10161 18168 74 mem. 258	Assessment 199	1993 A 1993
Unit Muniber 206 / 206		Extenueling Cocumitances Code	s Code	
	Tena	Tenant Signatures		
Haar of Household C	CT-12	Other Adult		Cata
Spouse / Co-Hasei	386	Other Adkin	K 0877	Date
Oner Acids Da	Date.	Other Adult		Date
OnerAcut	Date	Other Adult		Cure:
Other Adult	Corte	Owner Acute		Date
Other Adult	Date	OtherAdult		Code
Other Adult: De	Date	OfferAdult		Date
	Owner	Owner/Agent Signature	SERVICE SERVICE	
Owner/Agent				Date

	and Rent Procedures	and Rent Procedures			-	8£	10	And Urzan Levenopment Office of Housing Faderal Housing Commissioner	4	-31				Record for Landlands	Record for Landlards	andlor
THE RESIDENCE OF THE PARTY OF T		1000000		8	è	8.	January 1	Section B Summary information	Fig							
1.Project Name	1000		- 1		1				1				1			1
P. Calarida Timo	Case Or Ma	Muse or week Texahological Stationary Date  Openior and Date 12 Entotroped National State  Openior and Date 12 Entotrop	ų ç	2 Effective D	2 3	her Da	,		Comp	CHITCH PROPERTY	21 Unit Number	and and	1.		1	1 1
Connection Commiss Times	900	and the riv	2	A Mana Garage		-			- Contract	Open-Prins	Of Brilding ID					
A Property Supercy 1998			+	TATTOM INCOMPRESENT LINE		2			2	9	24 Unit Transfer Code	1 1 1 1 1	3			
5. Project Number		171 55023	15	15. Project Move-In Date	54	Date			OBB0	09/07/2009	25 Presious Unit Ma	Umr M	1			
6 Contract Number		WA19S051004 14.Certification Type	10	a.Certification	2			Annual Recentification	deserbit		25 Security Deposit	Deposit				285
7. Project MAX ID		TRACMORDES	3	17. Action Processed	8						27.238 Basio/BMIR Run	PIMB	Rend			
8. Plan of Action Code			=	18 Correction Type	EL.						28.Market Rent	But		1000		
9.HUD-Chures Project?			=	19.ETV indicator	*						29.Contract Rent	Rent			1	428
10.Previous Housing Code			ñ	20.Prex Subsidy Type	dy Ty	8					30.Utility Allowance	MARINES				30
11. Displacement Stimus Code	4		+						1		51.Gross Rent So TTP stR&D Convention	# AD Ca	Committee		1	788
		-	1	Bex	No.	3	100	Section C. Household information	ug							
No Lead Marrie	T.	36. Flut Name	85	Pet.	8.3	8 B	看	Birth Dute 8	70 8	St. 43	S Code	SSN	# E 50	Anen Reg Number	2 S	Wor.
Dt Cummins	Winsie		1-	H-Head	u.	3	~	386 TVI 5/30	Ŧ		836328198		12		82	
200			П		П		H		П							
R							H									
3 3							-								I	
3 8			t		+	1	+		1	1		I	T		I	
20							H						П			
90			٦			-	-		1	1			1			
50.Family has Mobility Disability 51 Family has Hearing Disability? 52.Family has Vauel Disability?	200	zzz	A X 8 8	53 Number of Family Members 54 Number of Non-Family Members 95 Number of Dependents m Number of Electric Members	Sperie	A STATE			-00.	282	57 Expedied Family Addition - Adoption 58 Expedied Family Addition - Preprieto 59 Expedied Family Addition - Roobe Children	184 A 26 184 A 26	L L	Mopton Pegnancy Soute Childs	111	000
50. Previous Head Last Name 51. Previous Head Piest Name					11					8.5	83 Active Full Cent. Effective Deto 84 Provious Head ID	E E	S D	8		
52 Previous Hoso Maddle Infe	D Income	Geoffen D. Breame Information	1		1				3	8 19	Section E. Asset Information	Spirite Spirite	Bon			
		83	Г	de	t	1	1	78.	1	H	32	L	9	-	8	
inox	Socie	Amount	10000	SSN Bereits Claim No.			-	Description	Slatus		Cash Value	*	Actual Yeary Income	č.	Date	. 2
O1 Pensions O1 Goost Security	ě	15.	8 12 12			85 55	edday	Savings - Solarity C Checking - Solarity	00		ස දී					
70 Total Employment Income			71	c	Ti	1 Total	C S	81, Total Cash Value of Assets	4.	4				-	6	П
1 Total Persion Income	20000		1	17,178	T	2 Act	S Inc	82 Actual Income from Assets						1	0	
72 Talki Other Income	SOURCE STATE				T	A.Imp	Med in	64.Imputed Income from Assets	8						0	
74 Total Non-Asset Income	5100000	1		17.178	T	85.Asset incor	d inco	me.			1				0	
				Section	Š.	iowa.	880	Section F. Allowances & Rent Calculations	mogra		Constitution of the last			No.		2000
86.Total Annual Income		17,178	8 97	97. Deduction for Dependents	8	pender	2			0	0 108. Total Tenant Paymon	ant Pa	mont.			28.8
87 Low Income Limit	-	33,28	8	33,250 68.Châl Care Expense(work)	0	Cw) are	2			-	0 108, TTP Before Overnice	O BE	90		1	1
88 Very Low Income Limit		20,00		20,860 93.Chia Care Expense(school)		88/8C)	8			0 0	0 110 Tenent Rent	100	art-derif			200
Of Content Income States	-		19	101 Deabile Strente	Step 2	8	1		-	0	112 Appletance Perme	Per/	ě	-	1	186
91 Bigbliny Universe Code			ş	102 Disability Deduction	egri	Pon				0	0 113 Weltere Rent	Tent				
92 Sec. 8 Assist. 1984 Indicato	lor lor		2	103.Medical Expense	Parts					1826	6,824 114 Rent Dwantde	sgp.				
33 Income Exception Code			2	104. Medical Deduction	g G	6				6,409	115 Hardship Exemption	Bremp	Habit		100	
B4 Police/Security Tensor?			5	105.Eldanly Family Deduction	30	estudio	_			4004	1:8 Walver Type Code	OD ed/				
95 Sunword Qualifer?			5	105. Total Defluctions	STORE STORE		1			00	4 809 117 Eligibility Check Not Required	Check	Nor. Re	danted		
48 Household Citizenship Eligibility No.	phility		5	107 Adjusted Annual Income	7,000	5		true artis	10	339	10,369 11 8 Exteruating Circumstances Code	70 CH	S. Trombon	ances Code		

Section A-Authorous and the property of the collection of the property of the collection of the property of the property of the collection of the property of the proper NOT for submission to the Federal Government Lendfuds Official Record of Derifficially OMB Approval Number 2502-020 Privacy Act Statement. The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1954, as animated (32 U.S.C. 1437 ct. seq.); the Housing and Urban-Rural Recovery Act of 1989 (P.L. 89-161); the Housing and Community Development Technical Amendments of 1984 (P.L. 86-479); and by the Housing and Community Development Act of 1987 (42 U.S.C. 3643). Antidosted Voucher Date 11 / C1/2017 Tenans Rent Warning to Dwiners and Tenants. By signing this form, you are indicating that you have read the above Privacy Act Statement and are agreens with the applicable Certification. False Claim Statement. Warring U.S. Code. Title 31, Section 3729, False Claims, provides a divil pensity of not less from \$5,000 and not the structure than \$10,000 thus share the amount of damages for any pensor who knowingly presents, or causes to be presented, a Sibte of fraudulent claim; or who knowingly makes, or caused to be used, a tasse record or statement, or companies to defraud the Government by getting a false or fraudulent claim allowed or paid. Ferention? Certification - I/We certify that the information in Sections C, D, and E of this form are true and complete to the best of mylour knowledge and beliet. We understand that twe can be fined up to \$10,000, or imprisormed up to five years, or lose the subaldy HID pays and have mylour rent increased, if twe furnish farse or incomplete information. fam: HUD-60059 (06/2014) HB 4350.3 Rev 1 Owner's Certification - I certify that this Terrant's eligibility, rent and assistance payments have been computed in accordance with HUD's regulations, and administrative proceduras and that all required verifications were obtained. 4-14-17 Date: Date: Den: Deale Dask 5 Extenueting Circumstances Code Effective Date 1/40/2017 Total Tenent Payment U.S. Department of Housing And Urban Development Certification Summary from Page Z Office of Housing Federal Housing Commissioner Office Adult Other Adult Other Adult Other Aguit Other Adult Owner/Agent Signature Other Adult Citizer Aufult 14-1 EQ. Date Date: 1 Cate Owner's Certification of Compliance with HUD's Tenant Eligibility and Rent Procedures Devices versions of this form or excellent.
This form also replaces MUS-50050 D. E. F. & G. Sporse Codes 210 (210) ROSE OF MARY TERRACE Mand of Household Other Agust Other Acted Other Adult **Differ Acts** 

Secretion B. Summary Information   11/1/2017 [21 Link Number Secretion 2016   11/1/2017 [21 Link Number Number Secretion 2016   11/1/2017 [21 Link Number Number Number Number Secretion 2016   11/1/2017 [21 Link Number N	72				7.0	oral Ho	S S S	Office of Housing Federal Housing Commissioner	Sher					Record for Landlords	or for	Record for Landlords
17.1   17.1				-	Specia		Summ	nery Infor	nellen							
11   12   12   13   14   15   15   15   15   15   15   15		ROSE OF MARY	TERRAC		100		1	1	1	1						
171 EED.23   5 Project Move in Date   7100	Service of the servic	Section	SE2 PR	IC 13 Antices	ated W	ucher D	1		1	Dec an	TO BLE ME	JOE .		-	1	210 (210)
TATERDA   STreiglet Move in Dake   Tate	3 Secondary Subsidy Type				Confile	Ston Da	9		-	02/10/		T I			1	1
The Class See   17 Certification   1906	4. Property ID											of other	9		1	
TRACLEGENES   17 Action Processing   Traclegenes   16 Concession Type   Annual Reserves   16 Concession Type   16 EV Indian Procession   16 Concession Type   16 EV Indian Procession Type   17 EV Indian Procession Ty	5.Project Number		7.686		Movn	Dest.			-	MD8/200		Unit No	3	1		1
First Name   St. Action Processed   St. Act	Operation Number	We	BNDS10		Ser J	8	1	Annu	SI Rece	tificatio		Depos	300			188
15 Carrier   15	S Plan of Action Code	III	CMERS	TA Action	NOOE S	3	1				27.235 Bres	SERVIR	Pert			
State   Stat	9.HUD-Owned Project?			16.EIV Ind	Cato.			1	1	1	29 Marion R	Na de				1
Secretion C. Houselyheid inframation   Secretion C. Houselyheid inframation   Secretion C. Houselyheid inframation   Secretion C. Houselyheid inframation   Secretion C. Housely Secretion   Secretion C. Housely Secretion C. Housely Secretion   Secretion   Secretion C. Housely Secretion   Secreti	10 Previous Housing Code			20.Prev S	(DESIGN)	ec.			1	ı	TOTAL PROPERTY.					426
Secretary   Secr	11.Displacement Status Cost										31 Gross Re	JUI.	11			858
First Name   25, 37, 39, 51, 40, 41, 20, 41,				Seattle St	dection	n C. Hk	Liber	Ad Inform	adjon		X2 TTP at	MDCo	Cognie			
N		First Nam		87 Red	88	Rece .	95	March Date	Speck Sistes	Stdm Stdm		488 A	\$5	Allen Reg	8.00	West.
N   25 Number of Frank Nambers   1   1   25 Number of Frank Nambers   1   25 Number of Engige Members   1   25 Numbers of Engige Members   25 Numbers of Engine Members of Engine Members   25 Numbers of Engine Members of		Sarah		H-Head	+	60		06/11/1930	3		4.		9	- Compa		Conc
N   25 Number of Ferrily Nembers   1   1   1   1   1   1   1   1   1	2 2		Ħ		-		П									
N   25 Number of Finally Manchess   1     N   24 Number of English Manchess   1     N   25 Number of English Manchess   2     N   25 Number of English Man	×		1		I		T						1			
N   25 Number of Finally Manchess   1     N   24 Number of English Manchess   1     N   25 Number of English Man	20 3			$\prod$	H							1	+			1
N   SD Number of Frank) Marchaes   1	9 6	1	T		1								H			
N   St Number of Family Nembers   1	98		t		F		I					T	1			
Committee   Comm	O.Family has Modelity Disabil 1.Family has Hearing Disabil 2.Family has Visual Deability	111	Ш	53 Number o 54 Number o 56 Number o	Non-P	Member omly Me dents	age .	LIA	-00	3 8 8	Expected Ferri	10 A 40 A	- 100 G	Seption regressory solar Chilora		000
Section	OPrevious Head Lest Name 1 Previous Head First Name 2 Previous Head Middle Initis								-	8 8 8	Active Full Circ Previous Head	De la constant de la	No Day			
Amount   See Beautic   Pt   Amount   Amount   See Beautic   Pt   Amount	Bection	), income tato	rmetion		Г				2	1	G deach the	D Mary	9 1			
6,392   01   Christing - Bent of A   C	Iroo	age	Sec.		25 0	NO. O. O.	8	76. scription	1 10	, e	78. Cent Value	4	78. Actual Yearth Income		Delte Delte	,
0   31 Total Cash Value of Aucoche   9 D08   72 Actual flores in From Assassing   7 Actual flores in		₩ 29	2,53			The same of the sa	- Cujiu	Bent of A	-		202		-			
As Improved Merchine from Assessing Assessin	O Total Employment Income Total Penalter Income Total Public Assistance Inc	9.00	1111	8906	TIT	7. Total	Ness V	alue of Asso a from Asso of Rate						- 11	2 0 0	
Subset   S	3. Total Other Income 5. Total Non-Asset Income		1	8,066	ΪĪ	M.Impa	ed hoo	an from Ag	8	340					0	11
8,466   97, Jestacinos for Torgenidants   0     53,259   8,010   Case Expension   0     23,00   90,010   Case Expension   0     23,00   90,010   Case Expension   0     100,010   100,010   100,010   0     100,			100	Secto	BFA	DIMBIN	29 38:	Territ Calc	dation	40	20103				0	
33.20   Sill. Disc Exception(s)   3.3.00   Sill. Disc Case Exception(s)   3.3.00   S	Tetal Annual Income		8000	87.D	for De	endent					108. Total Terra	Pann	1			9.0
20 at to   20 at to	Low Income Limit		33.250	98.Chid Can	Exper	se(was)					O9. TTP Belo	B Ower	-			100
100 Descriptions   100 Descrip	Extraction recents Limit		23,800	SACINIO CAN	Ecce.	Be(Boho				-	110 Tensors Re-					187
102.Distribity Daduction	Current Income Stalus			10 Dissoir	Espara	9				2/2	12 Acetalonyo	Dame	BUE		1	0
TO Machines Expected   1 TO Machines   1 TO	Eligibity Universe Code			102 Disability	Dedac	ioi				0	13.Welfare Re	ut				
194 Metrics Destudion 6 194 Ediciny Family Discussion 400 199 Total Destudions	Income Consoling Code		1	D3.Medical	KDBUS					0	14.Rent Overr	90				
106 Total Decincians	Police/Security Tenant?		T	104 Medical	eduction in	-				9	13. Handship E	zaubto				
	Survivor of Qualifier?		Ī	106 Tetal De-	Solo	COLOR				904	of Waner Typ	900				
p Bigblis M 107 Adjusted Annual Income 3,868	Household Cozership Biglo	(C)	2	107 Adjusted	8,05	BILCON				868	B Externative	Cman	S POPPE	900	1	2

Public Reporting Burden. The recurling burden for the comblete and sign the fam HUD-60099

Public Reporting Burden. The recurling burden for the comblete and sign the fam HUD-60099

Finducing before you comblete and sign the fam HUD-60099

Finducing the fine for revening misturctions, searching existing designed to information to estimate the case needed, and compatible the burden stallmant or any other sapect of his completing and reviewing the collection of information search of the collection of information search and the search of the sapect of this confection for information the management and Burden, to the Office of Management and Burden, Paper Burden Project (25020204). What into the Cooled Public Project (25020204). What into the Cooled Public Pu 8 - 3.6-17 form HUD-50052 (06/2014) MOT for submission to the Federal Government Landbord's Official Record of Certification CAR Approva! Number 2502-0204 Privacy Act Statement. The Department of Housing and Urban Development (HUD) is authorized to collect this information by the HUS. Housing early Act of 1953, as amended (42 U.S.C. 1437 et. seq.), the Housing and Urban-Rural Recovery Act of 1953 (P.L. 98-161); the Housing and Community Development Technical Amendments of 1954 (P.L. 98-479); and by the Housing and Community Development Act of 1967 (42 U.S.C. 5443). Warning to Owners and Tenants. By signing this form, you are indicating that you have read the above Privacy Act Statement and are agreeing with the application. Faise Claim Statement. Warning: U.S. Code, Tile 31, Section 3728, Faise Claims, provides a chil penalty of not less than \$5,000 and not the still office the amount of demages for any person who knowingly presents, or causes to be presented, a faste or funded the dain; or who knowingly makes, or cause, to be presented, a faste record or statement; or conspiles to defined the Government by gottling a faste or fraudulent definal allowed or paid. Tenands)' Certification - I'We certify that the information in Sections C. D. and E of this form are true and complete to the best of synthe knowledge and belief. IWe understand that tive can be fined up to \$10,000, or imprisoned up to the years, or lose the subsidy vIUD pays and have myour rent increased, if thee funish false or incomplete information. Antiopated Voucher Date 10/01/2017 HB 4350.3 Rev Owner's Cordification - I certify that this Terant's eligibility, tent and assistance payments have been computed in accordance with HUD's regulations and administrative procedures and that all required verifications were obtained. Dade Clabe. Dothe Date 4 Dete Move-in Assistance Payment Certication Type Extenusting Circumstances Code Certification Summary from Page 2
Effocies Determine Certification Determine Certification Page 2 U.S. Department of Housing And Urban Development Office of Housing Federal Housing Cemmissioner Other Adjill Other Adult Other Adult Other Adult Office Adult Owner/Agent Bignature Other Adult Other Adult Tenant Signatures Page 1 of 2 26-17 Dete P Date Date Date Onle: Ownerlaged Ail As Personal Per Owner's Certification of Compliance with HUD's Tenant Eligibility and Rent Procedures 74. O Baca 211 (211) ROSE OF MARY TERRACE Head of Household Spouse / Co-Hosd GREES O'BOTH Coner Adult Cover Adult Other Adult Other Adult Other-Adult

					eder	£ .	Bullen	Federal Housing Commissions	186					Reco	and for	Record for Landlands
1 Project Union			1	8	Office	0	Summ	Seotion B Summary Information	Hebon		The second					
	NOSE OF	ROSE OF MARY TERRACE		12. Effective Date	919				8	08/26/2017	7.21.Unit Number	bor				211 (21)
2. Subsidy Type		Section 202 PRAC 13 Anticipated Voucher Date	C 13	Anticipated	Wou	therDi	ale		10	TONDAZDIY	7 22.No. of Bestrooms.	alroone,				
3 Secondary Subsidy Type	9		3	14 Next Recordification Date	dheat	cu De	2		669	06/07/2010		a				
4 Property ID		property and	13	1		1	1		1	100000	24 Unit Transfer Code	Ster Co				
S. Project Number		MALADENANA		13.Project move-in Line			I		3	The Party	7 Zo Priemous Unit No.	Grad No.				
7. Project #MX ID		TRACIA: 8066		17 Action Processed	al al	_		188			27 238 Bas of MIR Re-	BMIR	Peret		I.	9
8.Pley of Action Code			2	18.Committen Type	Jype .						28 Market Rand	1				
91430-Owned Project?			2	19.EIV Indicator	8		1				28.Contract Fien:	ine.				429
10.Pravlous Housing Code 11. Displacement Status Code	. S	Standard Not Displaced		20 Prev. Gubsidy Type	6	8	11				30.Utility Alburance 31.Grass Pent	00 to				30
				98	cilon	3	onech	Section C. Household information	nogen	100	100					
33 34. No. Last Name	1000	36. Feg Name	22	a.	#8	8 8	\$ 6	41. 42. Birth Data Special	System System	Story of	dd. ID Code (S.SM)	SSN.	S CER	Albein Rog.	\$ 6	Work Coces
O1 O'Bara	Theresa	3	2	H-Head	u.	3	2		140		3.		2		58	
03			+				-						+			
63	+		+		+	1	+		1	1		1	+		Ī	
8 8			+		1		-						+			
90													Н			
6			H			Н						Ħ	H			
8	-		+		1		-			1			1			
So Femily has Mobility Disability? 51 Femily has Hazaring Obsobility 52 Femily has Visual Obsobility?	sadity?	ZZZ	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	33. Namber of Family Members 54. Namber of Mem-Family Nambers 55. Namber of Repondents 95. Namber of Eligible Members	and	Ment A	damber bes	111	-00-	6 2 2	57. Expected Family Addition - Adoption 88. Expected Family Addition - Programmy 89. Expected Family Addition - Fector Children	A A A A A A A A A A A A A A A A A A A	3 2 3	ogransy star Chica	111	000
60 Previous Head Last Name 61 Previous Head Piet Name 62 Previous Head Middle Inibia	lame Initial				111					2 2 2	53 Active Full Cent. Effective Date 84 Previous Head ID 85 Previous Head Birth Date	n Effect a 10 a Birth C	fvn Date			
Beck	on D. Inco	Section D. Income Information					10	100 miles	05	ection	Section E. Asset Information	hormal	han	-		
Max. Hoome Type Code	96 Q809	Amount		SSN Benefits Claim No.	4.	**		76. Description	60	77. Stehas	76. Cash Value	ā	79. Antual Yeardy Income	4	So Delta Divested	_ 2
Social Security	duna	<b>2</b>	96,380	ki H		88	Brings hacten	Savings - Yakima Fad Chacking - Yakima Fa		οu	686 7,002		0.4			
70. Total Employment Income 71. Total Pension Income	Some	'	111	0 85.80	TIT	82.7d	at Cash	81. Total Cash Vetue of Assets 82. Actual Income from Assets as sent Deservoir Deserv	22 22	1				- 11	4 60000	
73 Total Other Income		1 - 1		0	T	E M	ri paun	84. Imputed Income from Assets	Seets	3	191 10				*	
74 Total Non-Assist Income	2			16,350 Beetler		SS.As	65.Assetincome	5,350 65.Asset/noone Beetlon P. Albergmans & Rent Calculations	Cultetia	811		1		188	10	Sec.
86. Tobal Annual Income		18,385	8 93	87. Deduction for Dependents	90	Brue	38				C 106. Total Tenant. Payment	ant. Pay	108C			978
67. Low income Limit		33,250	88 0	93 Child Care Expense(world)	Expe	metal	98				o 109. TTP Before Override	bre Ove	mide	2868		
88. Very Luw Income Limit		20,800	88	99.Chid Care Expense(school)	3	196190	() ()				0 110 Terrant Ren	Juay				348
89. Extremely Law Income Limit	e Limit		# 16	180, 3% of income	эшо	1			1	462	2 111 Utility Reimburgement	amprine Pare	-		1	0 9
ed Cument Income scans	No.		1	172 Disability Declarities	The state of	2			-		113 Wellans Rem	Rem				1
92 Sec. 8 Assist, 1984 Indicator	diestor		ě	103. Medical Expense	and a	0				1,30	1,309 114.Rent Override	emice				
83,Income Exception Code	je.		200	104 Medical Deduction	Peduc	uce				816	6 115 Hardebip Examplion	dwexa	pou			
64. Folice/Security Tenant?	0		10	105 Elderly Parnity Deduction	MILITY C	Jed an				400	o 119.Waher Type Code	Spe Co		-		
95. Survivor of Qualifier?	- Children			106 Total Dachections	9		1		1	1218	1,216 H 7. Eigibiny Check Not Required	S S	Not France	Street Creek	1	1
98. Household Catcar ship to gorny	C COURT	Management St.	Ž	IN THE PROPERTY AND LEGISLAND PROPERTY IN	į					100	M No.CLIDA	The reserve	Section 1	AND LABOUR		

Owner's Certification of Compliance with HUD's Tenant Eligibility and Rent Procedures

#### U.S. Department of Housing And Urban Development

Office of Housing Federal Housing Commissioner

NOT for submission to the Federal Government Landlord's Official Record of Certification OMB Approval Number 2502-0204

Section A - Acknowledgements

Read this before you complete and sign this form HUD-50069

Public Reporting Burden. The reporting burden for this collection of information is estimated to average 55 minutes per response, Public Reporting Burden. The reporting burden for this collection of information is estimated to average 55 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Raduction Project (25020204), Washington, DC 20503. The information is being collected by HUD to determine an applicant's eligibility, the managing certain HUD properties, to protect the Government's financial interest, and to verify the accuracy of the information to assist in HUD or a Public Housing Authority (PHA) may conduct a computer match to verify the information you provide. This information may be released in accordance with HUD's Computer Matching Agreement (CMA) between the Social Security Administration and the Department of Health and Human Services. You must provide all of the information requested, including the Social Security Numbers (SSNs), unless exempted by 24 CFR 5.216, you, and all other household members, have and use. Giving the SSNs of all household employed any information may result in a delay or rejection of your eligibility approval. Failure to provide any information may result in a delay or rejection of your eligibility approval. any information may result in a delay or rejection of your eligibility approval.

Privacy Act Statement. The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937, as amended (42 U.S.C. 1437 et. seq.); the Housing and Urban-Rural Recovery Act of 1983 (P.L. 98-181); the Housing and Community Development Technical Amendments of 1984 (P.L. 98-479); and by the Housing and Community Development

Tenant(s)' Certification - I/We certify that the information in Sections C, D, and E of this form are true and complete to the best of my/our knowledge and belief. I/We understand that I/we can be fined up to \$10,000, or imprisoned up to five years, or loss the subsidy HUD pays and have my/our rent increased, if I/we furnish false or incomplete information.

Owner's Certification - I certify that this Tenant's eligibility, rent and assistance payments have been computed in accordance with HUD's regulations and administrative procedures and that all required verifications were obtained.

Warning to Owners and Tenants. By signing this form, you are indicating that you have read the above Privacy Act Statement and are agreeing with the applicable Certification.

False Claim Statement. Warning: U.S. Code, Title 31, Section 3729, False Claims, provides a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages for any person who knowingly presents, or causes to be presented, a false record or statement; or who knowingly makes, or caused to be used, a false record or statement; or conspires to defraud the Government by getting a false or fraudulent claim allowed or paid.

	Certification	on Summary from Page 2		
Name of Project ROSE OF MARY TERRACE Head of Household		Effective Date 10/01/2017	Certification Type Annual Recertification	Anticipated Voucher Date
Margaret St George		Total Tenant Payment 313	Assistance Payment 145	Tenant Rent 283
Unit Number 307 (307)		Extenualing Circumstance		203
	Te	mant Signatures	U STAR STORES	
Head of Household of N	Date: 9-8-19	Other Adult		Date:
Spouse / Co-Head	Date:	Other Adult		Date:
Other Adult	Cate:	Other Adult		Date:
Other Adult	Oste:	Other Adult		Date:
Other Adult	Date	Other Adult		Date:
Other Adult	Date	Other Adult		Dete:
Other Adult	Date:	Other Adult		Date:
	Own	er/Agent Signature		
OwnersAgens Seits		#		Date 9-8-17
Previous versions of this form are obsolet This form also replaces HUD-50059-D,-E,	e. -F, & -G,	Page 1 of 2		form HUD-50059 (06/2014

form HUD-50059 (06/2014) HB 4350.3 Rev 1

an	vner's Certifica th HUD's Tena d Rent Proced	nt Elimihilib	y	CO		An	d Urba	n D	nt of Hou evelopm lousing Commissio	ent			Fo Subr	r Pers	onel Record on to the Fed Rec	ieral G	Y - not f overnme Landlon
4 De	yect Name		2150	100					nary Inform			The State of the Local Division in the Local					
4.4-16	Aeca Name	0005 00							7		-	1	gross.	- 42	400		C SIDE OF
2 Su	bsidy Type	ROSE OF MARY	-	_	12.Effective			-		10	01/201	7 21 Unit Nun	nher	_			
	condary Subsidy Type	Section	n 202 PR	-	13 Anticipate				SAMA PAST SA		01/201						307 (30
	perty ID	10.00		-	4 Next Rep	ertific	ation Date			-	_	8 23. Building		13	_	_	
-	ect Number			1			See - Artis			-	LEVIE NO.	24.Unit Tran		ode		-	-
	hiract Number	744	171EE	23 1	5. Project Me	ove-li	n Date			10	07/201	1 25.Previous			With the second	-	-
	oject IMAX ID		1980510	-	8. Certification				Annua	I Recer	dication	26 Security	Depar	r .		-	-
	n of Action Code	15	RACMO80	-	7.Action Pro	-	17.7					27.238 Basis					4
	D-Owned Project?				8 Correction		9					28.Market R		- IOI II	72		
	evious Housing Code				9.EIV Indica	-			100			29.Contract	Rent	-		-	45
	solacement Status Co.		-	2	O. Prev. Subs	sidy 7	ype				- N	30. Utility Alk		,		_	
	Source Hair Status CD	3 <b>8</b>		-	-					7		31 Gross Re	ent	-			45
				-							-55	32. TTP at R	AD Co	myers	on		- 4.
33.	34	-		-					old inform	ation		MI = 0.579	- Carlot	SIL G			37
No.	Last Name	35. First Na	ime	36. MI	37. Rei	38. Sex	39, Raca	40. Eth	41. Birth Date	42 Special Status	43. Stdnt Stel.	ID Code (SSN)	45 SSN Excp	46. Ctzn Code	47. Allen Reg. Number	48. Age	49. Work Codes
_	St George	Märgaret		1	H-Head	F	w	2	02/10/1926	EH		502189083	(1) S.S.S.	EC		100	
02	20 - XDE(X =						200	1		-		702.00003	-	20		91	11 10
33					Aller design						-		_				
34																	
16													-	_		-	
96														-			
)7 )8						-		-			-		1				
											- 3			S. 10			
_	mily has Mobility Direct	-Min-2															
0.Fa 1.Fa 2.Fa	mily has Mobility Disal mily has Hearing Disa mily has Visual Disabi	bility?	N N	54 55	Number of f Number of f Number of f Number of f	Yon-f Deper	amily Mer	mbere	-	1 0 0	58	Expected Fair Expected Fair Expected Fair	illy Add illy Add	lition - lition -	Pregnancy Foster Childre	en _	0 0 0
0.Fa 1.Fa 2.Fa 0.Pn	mily has Hearing Disa	bility?	N	54 55	Number of t Number of t	Yon-f Deper	amily Mer	mbere		0	58 58 58 64.1	Expected Farr Expected Farr Active Full Cer Previous Head	nily Add nily Add nt. Elfe nt IID	dition - dition - ctive D	Pregnancy Foster Childre	en _	0
0.Fa 1.Fa 2.Fa 0.Pn 1.Pn	mily has Hearing Disa mily has Visual Disabl evidus Head Last Nam evidus Head First Nam evidus Head Middle In	bility?	N N	54 55 56	Number of t Number of t	Yon-f Deper	amily Mer	mbere		0 0	58 59 63. 64.1 65.1	Expected Farr Expected Farr Active Full Co Previous Head Previous Head	niky Add niky Add nt. Elfe nt ID nt Birth	dition - dition - ctive D Date	Pregnancy Foster Childre	(6)	0
0.Fa 1.Fa 2.Fa 0.Pn 1.Pn 12.Pn	mily has Hearing Disa mily has Visual Disabi evicus Head Last Name evicus Head First Name evicus Head Middle II Section 67.	bility? lity? ne ne kial  D. Income Inf	N N formatic	54 55 56	Number of t Number of t Number of t	Non-f Deper Eligib	amily Mer	mbere	-	0 0 1	58 58 63. 64. 65.	Expected Farr Expected Farr Active Full Cer Previous Head E. Asset Inf	niky Add niky Add nt. Elfe nt ID nt Birth	dition - dition - ctive D Date	Pregnancy Foster Childre		0
0.Fa 1.Fa 2.Fa 0.Pn	mily has Hearing Disa mily has Visual Disabi evicus Head Last Nam evicus Head First Nam evicus Head Middle In Section 67, income Type	bility?	N N formatic 68. Amoun	54 55 56	Number of I Number of I Number of I	Non-f Deper Eligib	ramily Mer ndents le Membe 75. Mor. No.	mbers rs	76. escription	0 0 1	56 56 63. 64. 65. <b>Extion</b> 7	Expected Fair Expected Fair Active Full Co. Previous Head Previous Head E. Asset Int 78. Cash Value	nity Add nity Add nt. Ette 1 ID 1 Birth	dition - dition - ctive D Date	Pregnancy Foster Childre Date  early	(6)	0 0
0.Fa 1.Fa 2.Fa 0.Pn 1.Pn 12.Pn 15.B.	mily has Hearing Disa mily has Visual Disabi evicus Head Last Name evicus Head First Name evicus Head Middle II Section 67.	blity? ity? ne ne ne Rial D. Income Int	N N formatic GB. Amoun	54 55 56 56	Number of a Number of a Number of a Number of a SSN Bene	Non-f Deper Eligib	75. Mox. No.	rs Di	76. escription	0 0 1	56 56 63. 64. 65. <b>Extion</b> 7	Expected Farr Expected Farr Active Full Cor Previous Head Previous Head E. Asset Int 78. Cash Value	nity Add nity Add nt. Ette 1 ID 1 Birth	dition - dition - dition - dition Date ntion 79. ctual Yellnoon	Pregnancy Foster Childre Date  early	80 Dat	0 0
0.Fa 1.Fa 2.Fa 0.Pn 1.Pn 12.Pn 12.Pn 15. 16.	mily has Hearing Disa mily has Visual Disabi evicus Head Leat Nam evicus Head Middle In Section 97. Income Type Social Sec. Pensione	bliny?	N N formatic GB. Amoun	54 55 56	Number of a Number of a Number of a Number of a SSN Bene	Non-f Deper Eligib	75. Mor. No. D1 Life 01 Savi	Di Insura oking	76. escription	0 0 1	56 56 63. 64. 65. <b>Extion</b> 7	Expected Fair Expected Fair Active Full Co. Previous Head Previous Head E. Asset Int 78. Cash Value	nity Add nity Add nt. Ette 1 ID 1 Birth	dition - dition - dition - dition Date ntion 79. ctual Y	Pregnancy Foster Childn Date	80 Dat	0 0
0.Fa 1.Fa 2.Fa 0.Pn 1.Pn 2.Pn 1br. 1o	mily has Hearing Disa mily has Visual Disact evicus Head Last Nam evicus Head First Nam evicus Head Middle In 97. Income Type Social Sec. Pensions	bliny?	N N formatic GB. Amoun	54 55 56 56	Number of a Number of a Number of a Number of a SSN Bene	Non-f Deper Eligib	75 Mbr. No. D1 Lire 01 Savi Mon. No. Cher	Di Insurs oking ings - ey Ma	76. escription since - Arna - Solarity Solarity C	0 0 1 3 3 3 3 3 5 1 1	58 59 64.1 65.1 <b>ection</b> 77	Expected Farr Expected Farr Active Full Cor Previous Head Previous Head E. Asset Imi 78. Cash Value 7,061 3,240 26	nity Ado nity Ado nt. Effe i ID i Birth forma	dition - dition - dition - dition - dition Date ntion 79. dition 0	Pregnancy Foster Childn Date	80 Dat Dives	o o
0.Fa 1.Fa 2.Fa 0.Pn 1.Pn 2.Pn 11.Fa 11.Ta	mily has Hearing Disa mily has Visual Disabi evicus Head Last Name evicus Head First Name evicus Head Middle In Section 67. Income Type Social Serv. Pensions	bility?  ite  te  te  the  that  D. Income Int  Code	N N formatic GB. Amoun	54 55 56 56	Number of I Number of I Number of S Number of S 69. SSN Bene Claim N	Non-f Deper Eligib	75 Mor. No. D1 Life 01 Savi Mon. 81 Total 8 82 Actual	Dineurs  Dineurs  Manuel  Dineurs  Manuel  Dineurs  Manuel  Dineurs  Manuel  Dineurs  Manuel  Dineurs	76. escription ence - Arne - Solarity C triket - Solar value of Asse	O O I I See See See See See See See See See	58 59 64.1 65.1 <b>ection</b> 77	Expected Farr Expected Farr Active Full Cor Previous Head Previous Head E. Asset Imi 78. Cash Value 7,061 3,240 26	nity Add nity Add nt. Ette 1 ID 1 Birth	dition - dition - dition - dition - dition Date ntion 79. dition 0	Pregnancy Foster Childn Date	80 Dat Dives	o o
0. Fa 1. Fa 2. Fa 0. Pn 1. Pn 2. Pn 11. Pn 12. Pn 11. To 11. To 12. To	mily has Hearing Disa mily has Visual Disabi evicus Head Last Name evicus Head First Name evicus Head Middle In Section 97. Income Type Social Sept. Pensions tal Employment Income tal Pension Income tal Pension Income	bility?  ite  te  te  the  that  D. Income Int  Code	N N formatic GB. Amoun	54 55 56 56	Number of I Number of I Number of S Number of S 69. SSN Bens Claim N	Non-f Deper Eligib	75 Mor. No. 01 Lire 01 Savi Mon. No. 01 Lire 01 Savi Mon. No. 01 Lire 01 Savi Mon. 81 Total & 82 Actual 83 HUD I	Di Insursoking ings - Cash 'I Incom	76. escription exce - Arns - Solarity Solarity C triket - Solar Value of Assa	O O I I San I I I I I I I I I I I I I I I I I I I	58 59 64.1 65.1 <b>ection</b> 77	Expected Farr Expected Farr Active Full Cor Previous Head Previous Head E. Asset Imi 78. Cash Value 7,061 3,240 26	nity Ado nity Ado nt. Effe i ID i Birth forma	dition - dition - dition - dition - dition Date ntion 79. dition 0	Pregnancy Foster Childn Date	80 Dat Dives	o o e etted
0. Fa 1. Fa 2. Fa 0. Pro 11. Pro 2. Pro 15. Ibr. 16. Ibr. 17. To 2. To 3. To 3. To 3. To	mily has Hearing Disa mily has Visual Disabi evicus Head Last Name evicus Head First Name evicus Head Middle In Section 67. Income Type Social Serv. Pensions	bility?  ite  te  te  the  that  D. Income Int  Code	N N formatic GB. Amoun	54 55 56 56	Number of I Number of I Number of S Number of S 69. SSN Bene Claim N	Non-f Deper Eligib	75 Mor. No. D1 Life D1 Savi Mon. D1 Life B2 Actual 82 Actual 83 HUD 9 84 Impute	Di Insursoking oking ongs - ey Ma Cash ' I Income	76. secription sec - Arng - Solarity Solarity C triket - Solar Value of Assa me from Ass ook Rale some from As	O O I I San I I I I I I I I I I I I I I I I I I I	58 59 64.1 65.1 <b>ection</b> 77	Expected Farr Expected Farr Active Full Cor Previous Head Previous Head E. Asset Imi 78. Cash Value 7,061 3,240 26	nity Ado nity Ado nt. Effe i ID i Birth forma	dition - dition - dition - dition - dition Date ntion 79. dition 0	Pregnancy Foster Childn Date	80 Date Dives 106.3 48 0.000 64	o o e etted
0. Fa 2. Fa 2. Fa 0. Pn 1. Pn 2. Pn 1. Pn 2. Pn 1. Pn 1. To 2. To 3. To	mily has Hearing Disa mily has Visual Disaci evicus Head Last Nam evicus Head First Nam evicus Head Middle In Section 67. Income Type Social Sec. Pensions tal Employment Income all Pension Income all Pension Income all Public Assistance (i. lai Other Income	bility?  ite  te  te  the  that  D. Income Int  Code	N N formatic GB. Amoun	54 55 56 56	Number of I Number of I Number of S Number of S SN Bene Claim N 0 18,328 0 0	Non-f Deper Eligib	75 Mar. No. On Life On Savin Mon. On Life On Mon. On Life Savin Mon. Status Sta	Dineurs  Dineurs  Oking  oking  Fash  I incom  Passh  ed incom  I	76. secription sece - Ame - Solarity C trket - Solar Value of Assa me from Assa come from Assa	O O I I I I I I I I I I I I I I I I I I	56 59 63. 64. 65. 65. 64. 65. 65. 65. 65. 65. 65. 65. 65. 65. 65	Expected Farr Expected Farr Active Full Cor Previous Head Previous Head E. Asset Imi 78. Cash Value 7,061 3,240 26	nity Ado nity Ado nt. Effe i ID i Birth forma	dition - dition - dition - dition - dition Date ntion 79. dition 0	Pregnancy Foster Childn Date	80 Dat Dives	o o e etted
0. Fa 1. Fa 2. Fa 0. Pn 2. Pn 2. Pn 1. Pn 2. Pn 1. To 2. To 3. To 4. To	mily has Hearing Disa mily has Visual Disabi evicus Head Last Nam evicus Head First Nam evicus Head Middle In 39-ction 97. Income Type Social Sec. Pensions tal Employment Income tal Pension Income tal Pension Income tal Other Income tal Non-Asset Income	bility?  ite  te  te  the  that  D. Income Int  Code	N N N N N N N N N N N N N N N N N N N	54. 55. 56. 56. 56. 56. 56. 56. 56. 56. 56	Number of I Number of I Number of I Number of I Section No.	Property of the control of the contr	75 Mbr. No. 01 Life 101 Savi Mon. No. 01 Life 101 Savi Mon. 81 Total 8 82 Actual 83 Hugus 65 Asset Millowance	Dineurs  Oking  Oyaeh  I inco  Passh  ed inco  I	76. secription sec - Arng - Solarity Solarity C triket - Solar Value of Assa me from Ass ook Rale some from As	O O I I I I I I I I I I I I I I I I I I	63 56 63 64 65 65 65 65 65 65 65 65 65 65 65 65 65	Expected Farr Expected Farr Active Full Cor Previous Head Previous Head F. Asset Imi 78. Cash Value 7,051 3,240 26 96,028	nity Addition and the A	dition - dit	Pregnancy Foster Children	80 Date Dives 106.3 48 0.000 64	o o e etted
0. Fa 1. Fa 2. Fa 0. Pn 1. Pn 2. Pn 1. To 1. To 2. To 3. Tot	mily has Hearing Disa mily has Visual Disability has been disability has bee	bility?  ite  te  te  the  that  D. Income Int  Code	N N N Formatic Ga. Amount	54. 55. 56. 56. 56. 56. 56. 56. 56. 56. 56	Number of I Number of I Number of S Number of S SSN Bene Claim No 0 18,328 0 0 18,328 3 Section 7. Deduction	Non-f Deper Eligib of F. 4	75 Mar. No. 01 Lire 01 Savi Mon. No. 01 Lire 01 Savi Mon. No. 01 Lire 01 Savi Mon. 01 Mon. 01 Savi Mon. 01 Mon. 01 Savi Mo	Dineurs  Dineurs  Oking  ngs -  Oking  Passb  Hincom  Passb  dincom  Incom  See 8	76. secription sece - Ame - Solarity C trket - Solar Value of Assa me from Assa come from Assa	O O I I I I I I I I I I I I I I I I I I	58 59 59 641 651 651 651 651 651 651 651 651 651 65	Expected Farr Expected Farr Active Full Cor Previous Head Previous Head Previous Head Previous Head R. Asset Iml 78. Cash Value 7,051 3,240 25 96,026	nity Addition and the A	dition - dit	Pregnancy Foster Children	80 Date Dives 106.3 48 0.000 64	o o e etted
0. Fa 1. Fa 2. Fa 0. Pn 1. Pn 2. Pn 1. To 2. To 3. Tot 4. To	mily has Hearing Disa mily has Visual Disabilities and Last Namevious Head First Namevious Head First Namevious Head Middle In Section 97, Income Type  Social Serv. Pensions Last Employment Income Last Public Assistance is all Other Income Last Non-Asset Income at Annual Income at Annual Income	bility?  ite  te  te  the  that  D. Income Int  Code	N N N N N N N N N N N N N N N N N N N	54. 55. 56. 56. 56. 56. 56. 56. 56. 56. 56	Number of I Number of I Number of S Number of S SSN Bene Claim No 0 18,328 0 0 0 18,328 Section *Deduction 1.	Non-f Deperation of the Policy	75 Max. No. D1 Life D1 Mon B1. Total & 82 Actual 83. HUD I 84. Imput 65 Asset Mon Mon B1. Total & S. Asset Mon B1. Tota	Dineurs  Din	76. secription sece - Ame - Solarity C trket - Solar Value of Assa me from Assa come from Assa	O O I I I I I I I I I I I I I I I I I I	58 59 64. 65. 64. 65. 65. 65. 65. 65. 65. 65. 65. 65. 65	Expected Farr Expected Farr Active Full Co. Previous Head Previous Head Previous Head Fig. Cash Velue 7,051 3,240 25 96,026	nity Add Add Add Add Add Add Add Add Add Ad	dition - dit	Pregnancy Foster Children	80 Date Dives 106.3 48 0.000 64	0 0 
0. Fa 1. Fa 2. Fa 0. Pro 1. Pro 2. Pro 1. To 2. To 3. Tot 4. To 4. To 3. Ver	mily has Hearing Disa mily has Visual Disabi evicus Head First Nan evicus Head Middle In Section 67. Income Type Social Seo: Pensions tal Employment Income tal Pension Income tal Public Assistance (i tal Other Income tal Non-Asset Income	bility?  ity?  ite  ite  ite  ite  ite  ite  ite  it	N N N N N N N N N N N N N N N N N N N	54. 55. 56. 56. 56. 56. 56. 56. 56. 56. 56	Number of I Number of I Number of S Number of S Sex Bene Claim No 0 18,328 0 0 18,328 Section 7. Deduction is 3. Child Care	Non-f Dependent of the Policy	75 Mar. No. On Lire On Savi Mon. No. On Lire On Savi Mon. No. On Lire Savi Mon. No. On Lire Savi Mon. Sav. Actual 83. HUD 1 84. Imput 65 Asset Micowance spendents in se (school	Dineurs  Din	76. secription sece - Ame - Solarity C trket - Solar Value of Assa me from Assa come from Assa	O O I I I I I I I I I I I I I I I I I I	68 56 63 64 65 65 65 65 65 65 65 65 65 65 65 65 65	Expected Farr Expected Farr Active Full Co. Previous Head Previous Head Previous Head Previous Head E. Asset Int 78. Cash Velue 7,051 3,240 25 96,028	nity Add Add Add Add Add Add Add Add Add Ad	dition - dit	Pregnancy Foster Childre late early he	80 Date Dives 106.3 48 0.000 64	0 0 
0. Fa 1. Fa 2. Fa 0. Pn 1. Pn 2. Pn 1. To 2. To 3. To 4. To 4. To 7. Lov 9. Ext	mily has Hearing Disa mily has Visual Disact evicus Head Last Name evicus Head First Name evicus Head Middle In 97. Income Type Social Sec. Pensions tal Employment Income tal Public Assistance is tal Other Income tal Non-Asset Income at Annual Income ty Income Limit y Low Income Limit remely Low Income Limit	bility?  ity?  ite  ite  ite  ite  ite  ite  ite  it	N N N N N N N N N N N N N N N N N N N	54. 55. 56. 56. 56. 56. 56. 56. 56. 56. 56	Number of I Number of I Number of S Number of S SSN Bene Claim Ni 0 18,328 0 0 0 18,328 Section Deduction Schild Care	Non-f Dependent of the Policy	75 Max. No. D1 Life D1 Saving S2 Actual 83.HUD 1 84.Imput 65 Asset Attal owners.	Dineurs  Din	76. secription sece - Ame - Solarity C trket - Solar Value of Assa me from Assa come from Assa	O O I I I I I I I I I I I I I I I I I I	58 59 63 64 65 65 65 65 65 65 65 65 65 65 65 65 65	Expected Farr Expected Farr Expected Farr Active Full Cor Previous Heac Previous Heac Previous Heac F. Asset Im 78. Cash Value 25. 96.026	nity Add Add Add Add Add Add Add Add Add Ad	dition - dition ditio	Pregnancy Foster Childre late early he	80 Date Dives 106.3 48 0.000 64	0 0 
0. Fas 1. Fas 2. Fas 0. Pro 1. Pro 2. Pro 1. To 2. To 3. Tot 1. To 3. Ver 7. Lov	mily has Hearing Disa mily has Visual Disact Name Navious Head First Name Navious Head First Name Navious Head First Name Navious Head Middle In Section 97, Income Type Social Sec. Pensions 12 Hearing Navious Head Navious Head Navious Nav	bility?  ity?  ite  ite  ite  ite  ite  ite  ite  it	N N N N N N N N N N N N N N N N N N N	54. 55. 56. 56. 56. 56. 56. 56. 56. 56. 56	69. SSN Bene Claim N.  0 18,328 0 0 14,328 Section 2. Deduction of Ded	Non-f Deperation of the series	75 Mar. No. Life   D1 Che. D1 Savi Mon. D1 Life   D1 Che. D1 Savi Mon. B3.HD01 83.HD01 84.HD01 84.HD01 spendents spendents inselwork) inselections	Dineurs  Din	76. secription sece - Ame - Solarity C trket - Solar Value of Assa me from Assa some from Assa	O O I I I I I I I I I I I I I I I I I I	58 59 59 64.1 65.1 64.1 65.1 65.1 65.1 65.1 65.1 65.1 65.1 65	Expected Farr Expected Farr Expected Farr Active Full Cer Previous Heac Previous Heac Previous Heac Previous Heac F. Asset Int 78. Cash Value 25 96.028  108.Total Ten 110.Tenant R 111.Utity Rei 112.Assistance	nity Add of the transfer of th	dition - dit	Pregnancy Foster Childre late early he	80 Date Dives 106.3 48 0.000 64	0 0 0 e e etted
O. Fas 1. Fas 2. Fas 0. Pm 1. Pm 2. Pm 1. Pm 2. Pm 1. Ind 1. To 2. To 3. Tot 4. To 3. Ver 7. Lov	mily has Hearing Disa mily has Visual Disaci mily has Visual Disaci evicus Head Last Namevicus Head First Namevicus Head First Namevicus Head Middle In Section 97. Income Type Social Sec. Pensions at Employment Income tal Pension Income tal Pension Income tal Public Assistance is tal Public Assistance is tal Public Assistance is tal Public Assistance is tal Non-Asset Income tal Non-Asset Income ty Income Limit remely Low Income Limit greenly Low Income Limit remely Low Income Limit ment Income Status sibility Universe Code	bility? iny?  ine ine ine ine ine ine ine ine ine in	N N N N N N N N N N N N N N N N N N N	54. 55. 56. 56. 56. 56. 56. 56. 56. 56. 56	Number of I Number of I Number of S Number of S Section No. 0 18,328 0 0 18,328 Section P. Deduction I 3. Child Care 10, 3% of Inc. 11, 11, 12, 12, 13, 14, 14, 14, 14, 14, 14, 14, 14, 14, 14	arits c.	75 Mbr. No. 01 Life 01 Savio 01 Month 10 Month 1	Dineurs  Din	76. secription sece - Ame - Solarity C trket - Solar Value of Assa me from Assa some from Assa	O O I I I I I I I I I I I I I I I I I I	58 56 56 63 d4.1 65.1 77 askus 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Expected Farr Expected Farr Expected Farr Active Full Cor Previous Head Previous Head F. Asset Int 78. Cash Value 7,051 3,240 26 96,028  108. Total Ten 109. TTP Bet 111. Utility Rei 112. Assistand 113. Welfare F	nity Add Add Add Add Add Add Add Add Add Ad	dition - dit	Pregnancy Foster Childre late early he	80 Date Dives 106.3 48 0.000 64	0 0 
O. Fas O. Pas O. Pas	mily has Hearing Disa mily has Visual Disact Name Navious Head First Name Navious Head First Name Navious Head First Name Navious Head Middle In Section 97, Income Type Social Sec. Pensions 12 Hearing Navious Head Navious Head Navious Nav	bility? iny?  ine ine ine ine ine ine ine ine ine in	N N N N N N N N N N N N N N N N N N N	54. 55. 56. 56. 56. 56. 56. 56. 56. 56. 56	Number of I Number of I Number of S Number of S 69. SSN Bene Claim N 0 18,328 0 0 18,328 0 0 18,328 Section 2.Child Care 2.Child Care 2.Child Care 2.Child Care 2.Child Care 11,158 billion 12,158 billion 12,158 billion 12,158 billion 13,158 billion 14,158 billion 15,158 billio	Non-for Dispersion of the Control of	75 Mbr. No. 01 Life 01 Savio 01 Month Mont	Dineurs  Din	76. secription sece - Ame - Solarity C trket - Solar Value of Assa me from Assa some from Assa	O O I I I I I I I I I I I I I I I I I I	58 59 59 644 65 65 65 65 65 65 65 65 65 65 65 65 65	Expected Farr Expected Farr Expected Farr Active Full Cor Previous Head Previous Head F. Asset Iml 78. Cash Value 7,051 3,240 26 96,028 108. Total Ten 109. TTP Bell 110. Tenant R. 111. Utshy Rei 112. Assistand 113. Welfars F 114. Rent Ove	ant Pa  ant Pa  ant Pa  ant Pa  ant Pa  core Over the service of t	dition - dit	Pregnancy Foster Childre late early he	80 Date Dives 106.3 48 0.000 64	0 0 0 
0. Fas 1. Fas 2. Fas 1. Fas 2. Fas 1. Fas 2. Fas 1. Fas 1. Fas 2. Fas 1. Fas 2. Fas 3. Tota 3. Tota 3. Tota 3. Tota 3. Tota 4. Tota 3. Tota 4. Tota 4. Tota 4. Tota 5. Tota 5. Fas 1. Fas 2. See 1. Inc.	mily has Hearing Disa mily has Visual Disaci mily has Visual Disaci evicus Head Last Namevicus Head First Namevicus Head Middle In Section 97, Income Type Social Sec. Pensions tal Employment Income tal Pension Income tal Pension Income tal Polici Assistance in all Other Income tal Non-Asset Income tal Non-Asset Income tal Non-Asset Income timit by Low Income Limit by Low Income Limit gremely Low Income Limit arent Income Slatus gibility Universe Code 2 8 Assist. 1984 Indice 2 8 Assist.	bility? iny?  ine ine ine ine ine ine ine ine ine in	N N N N N N N N N N N N N N N N N N N	54. 55. 56. 56. 56. 56. 56. 56. 56. 56. 56	Number of I Number of I Number of I Number of I Section No. 18,328 0 0 19,328 Section 7 Deduction 1 3.Child Care 00, 3% of Inc 01,015 ability 12,015 ability 13,015 ability 14,015 ability 14,015 ability 15,015 ability 16,015 ability 16,015 ability 16,015 ability 17,015 ability 17,015 ability 18,015 ability	Non-file Deper Fligib  A F. A Frage For Di Expe Expe Sums Expe Dedu Expen Dedu Expen	75 Mbr. No. 01 Life 101 Savi Mon. No. 01 Life 101 Savi Mon. No. 01 Life 101 Savi Mon. 101 Mon	Dineurs Doking coking okings - ey Ma Caeh I inco	76. secription sece - Ame - Solarity C trket - Solar Value of Assa me from Assa some from Assa	O O I I I I I I I I I I I I I I I I I I	58 59 59 64.1 65.1 65.1 65.1 65.1 65.1 65.1 65.1 65	Expected Farr Expected Farr Active Full Cor Previous Head Previous Head Previous Head Previous Head R. Asset Imi 78. Cash Value 7,051 3,240 25 96,026 108. Total Ten 109. TTP Bet 110. Tenant R 111. Utility Rei 112. Assistand 113. Welfare F 114. Renfore 115. Hardship	ant Pa an	dition - dition - ctive E Date   Date   The part   The	Pregnancy Foster Childre late early he	80 Date Dives 106.3 48 0.000 64	0 0 0 
0. Fas 1. Fas 2. Fas 0. Pn 1. Pn 2. Pn 1. Pn 2. Pn 1. To 2. To 3. Tot 4. To 4. To 5. To 4. To 5. To 4. To 5.	mily has Hearing Disa mily has Visual Disability has been a considerable of the Comment of the Comm	bility? iny?  ine ine ine ine ine ine ine ine ine in	N N N N N N N N N N N N N N N N N N N	54. 55. 56. 56. 56. 56. 56. 56. 56. 56. 56	Number of I Number of I Number of I Number of I Section No. 18,328 0 0 18,328 Section 2. Deduction i 3. Child Care 00, 3% of Inc. 01. Disability 13. Medical D	Non-for Dispersion of F. A F.	75 Mar. No. 01 Lire 01 Savio 01 Savio 01 Savio 01 Monus 83 Actual 83 HUD 9 84 Imput 85 Asset 185	Dineurs Doking coking okings - ey Ma Caeh I inco	76. secription sece - Ame - Solarity C trket - Solar Value of Assa me from Assa some from Assa	O O I I I I I I I I I I I I I I I I I I	63, 641, 641, 641, 641, 641, 641, 641, 641	Expected Farr Expected Farr Expected Farr Active Full Cer Previous Heac Previous Heac Previous Heac Previous Heac Previous Heac Fig. Asset Im 78. Cash Value 7,031 3,240 25 96,028  108. Total Ten 109. TTP Bell 110. Tenant R 111. Utsty Rei 112. Assistanc 113. Weifare Fe 114. Rend Ship 114. Hard ship 115. Hard ship 116. Waiver T,	ant Pa ore Over on the part of	dition - dition - ctive E Date The Ctive	Pregnancy Foster Childre  early e	80 Date Dives 106.3 48 0.000 64	0 0 0 
O. Fas 1. Fas 2. Fas 0. Pn 1. Pn 2. Pn 1. Ibr. 10. To 1. To 2. To 3. Ver 3. Ver 4. To 4. To 4. To 4. To 4. Ibr. 1. English 4. To 4. Ibr. 1. English 5. S. Ver 7. Lov 1. English 6. S. Ver 7. Lov 1. English 7. Lov 1. English 8. English 8. English 8. English 8. English 8. English 8. English 8. English 8. English 8. Engli	mily has Hearing Disa mily has Visual Disability has visual Head Middle In Section 97. Income Type  Social Serv. Pensions tal Employment Income tal Public Assistance is tal Other Income tal Non-Asset Income tal Non-Asset Income tal Non-Asset Income Limit by Low Income Limit by Low Income Limit remely Low Income Limit temple Low Income Sal Annual Income Sal Annual Income Sal Annual Income Limit to You Not Income Limit to You Not Income Sal Annual Income Sal	bility? iny?  ne ne ne kilai  D. Income Int Code  withy s  e ncome	N N N Sormatic G9. Amount	54. 55. 56. 56. 56. 56. 56. 56. 56. 56. 56	Number of I Number of I Number of I Number of I Section No. 18,328 0 0 19,328 Section 7 Deduction 1 3.Child Care 00, 3% of Inc 01,015 ability 12,015 ability 13,015 ability 14,015 ability 14,015 ability 15,015 ability 16,015 ability 16,015 ability 16,015 ability 17,015 ability 17,015 ability 18,015 ability	Non-for Dependence of the control of	75 Mor. No. Lira I of the Mor. No. Lira I of the Mor. No. Lira I of the Mor. No. I check I check I of the Mor. No. I check I	Dineurs S  Dineurs S  Equation (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	76. secription sece - Ame - Solarity C trket - Solar Value of Assa me from Assa some from Assa	O O 1 See	63, 641, 641, 641, 641, 641, 641, 641, 641	Expected Farr Expected Farr Active Full Cor Previous Head Previous Head Previous Head Previous Head R. Asset Imi 78. Cash Value 7,051 3,240 25 96,026 108. Total Ten 109. TTP Bet 110. Tenant R 111. Utility Rei 112. Assistand 113. Welfare F 114. Renfore 115. Hardship	ant Pa ant Pa ant Pa ant Pa core Ov ent mburs mburs ce Payr mide Example Check	dition - dit	Pregnancy Foster Childre  early se squired	80 Date Dives 106.3 48 0.000 64	0 0 0 

#### Owner's Certification of Compliance with HUD's Tenant Eligibility and Rent Procedures

#### **U.S. Department of Housing** And Urban Development

NOT for submission to the Federal Government Landlord's Official Record of Certification OMB Approval Number 2502-0204

Office of Housing Federal Housing Commis

Section A - Acknowledgements Read this before you complete and sign this form HUD-80059

Public Reporting Burden. The reporting burden for this collection of information is estimated to average 55 minutes per response. Public Reporting Burden. The reporting burden for this collection of information is estimated to average 55 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this Project (25020204), Washington, DC 20503. The information is being collected by HUD to determine an applicant's eligibility, the managing certain HUD properties, to protect the Government's financial inferest, and to verify the accuracy of the information furnished. HUD or a Public Housing Authority (PHA) may conduct a computer match to verify the information you provide. This information may be managing certain HUD properties, to protect the Government's financial interest, and to verify the accuracy of the information furnished. HUD or a Public Housing Authority (PHA) may conduct a computer match to verify the information you provide. This information may be released in accordance with HUD's Computer Matching Agreement (CMA) between the Social Security Administration and the Department of Health and Human Services. You must provide all of the information requested, including the Social Security Numbers (SSNs), unless exempted by 24 CFR 5.216, you, and all other household members, have and use. Giving the SSNs of all household any information may result in a delay or rejection of your eligibility approval.

Privacy Act Statement. The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937, as amended (42 U.S.C. 1437 et. seq.); the Housing and Urban-Rural Recovery Act of 1983 (P.L. 98-181); the Housing and Community Development Technical Amendments of 1984 (P.L. 98-479); and by the Housing and Community Development Act of 1987 (42 U.S.C. 3543).

Tenant(s)' Certification - I/We certify that the information in Sections C, D, and E of this form are true and complete to the best of my/our knowledge and belief. I/We understand that I/we can be fined up to \$10,000, or imprisoned up to five years, or lose the subsidy pays and have my/our rent increased, if I/we furnish false or incomplete information.

Owner's Cartification - I certify that this Tenant's eligibility, rent and assistance payments have been computed in accordance with HUD's regulations and administrative procedures and that all required verifications were obtained.

Warning to Owners and Tenants. By sig are agreeing with the applicable Certification. By signing this form, you are indicating that you have read the above Privacy Act Statement and

False Claim Statement. Warning: U.S. Code, Title 31, Section 3729, False Claims, provides a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages for any person who knowingly presents, or causes to be presented, a false or fraudulent claim; or who knowingly makes, or caused to be used, a false record or statement; or conspires to defraud the Government by getting a false or fraudulent claim allowed or paid.

Name of Project	Certification	Summary from Page 2		
ROSE OF MARY TERRACE Head of Household		Effective Date 04/01/2017	Certification Type Annual Recertification	Anticipated Voucher Date 04/01/2017
Doreen Payne Unit Number	-124 L	Total Tenant Payment 340	Assistance Payment	Tenant Rent
300 (309)		Extenuating Circumstance		310
Head of Household	Tens	int Signatures	DESCRIPTION OF THE PARTY OF	
Valery Hughe	Daley 3/23/17	Other Adult		Date:
Spouse / Co-Head	Date:	Other Adult		Date:
Other Adult	Data:	Other Adult		Date:
Other Adult	Date:	Other Adult	-	
Other Adult	Date:	Other Adult		Date
Other Adult	2000000	O STOT PAGES		Date:
	Date:	Other Adult	(N	Date:
Other Adult	Date:	Other Adult		Date:
Owner/Agent	Owner/	Agent Signature		
Sylvin Rich				Date
revious versions of this form are obsole his form also replaces HUD-50059.0		ige 1 of 2		2-23-17

HB 4350.3 Rev 1

	wner's Certifica ith HUD's Tena and Rent Proced	nt Ellaihii	lity			An	d Urbs	n D	nt of Hos evelopm lousing Commissio	ent			For	r Pers missic	onal Record in to the Fed Rec	deral G	Y - not i overnm Landior
1.0	roject Name		STE		8				nary inform			**********	-			190	SW400
1	roject name		NEW TRANSPORT		1000						- 0		ALC:				
2 9	ubsidy Type	ROSE OF MA		-	12.Effective					04	M1/201	7 21. Unit Nur	1600	-	- Ministra	-	
	econdary Subsicy Type	Sec	ction 202 PF	CAC	13 Anticipate	ed Vo	ucher Dat	8		04	A HED	7 22.No. of 8	noer			-	309 (30
	roperty ID				14. Next Rec					04	01/201	3 23.Building	egroon	15			
_	raject Number											24.Unit Tran					
	Ontract Number		171EE	-	15.Project M	ove-l	n Date			04/	08/2016	25.Previous	I lost b	008			
_	roject MAX ID		WA19S051	-	6. Certificati				Annua	al Recer	tification	25 Security	Conne	4			
	en of Action Code		TRACMOS		7.Action Pro							27 236 Basi			N.		3
	UD-Owned Project?				8.Correction		e			attents.	NATE OF	28 Market R		rene		4	-
	revious Housing Code	-			9 ETV Indica						****	29.Contract			dia -	-	-
1.0	isplacament Status Co	da		- 2	0. Prev. Sub	sidy '	Туре		ALC: THE SECOND			30. Utility Alli			Contract of the Contract of th		4
_	The state of the s	NO.	-	-					33 (43 <del>- 1</del> 2)			31.Gross Re					
				1								32. TTP at F		nyare	ion	-	4
33.	34.				- 80	otic	n C. Ho	iseh	old Inform	ation		1					
No.	Lest Name		35. Name	36. MI	37. Rel.	38. Ses	39.	40. Eth	41.	42 Special Status	43. Stront Stat	ID Code (SSN)	45. SSN Exco	46. Ctzn Code	47. Alien Reg.	48. Age	49. Work
01	Payne	Dorean	estina in a	L	H-Head	F	W	2	06/07/1945	E	-		-		Number		Code
)2			author and		17			-		-		531440371	-	EC		71	
)3						-		-		-			_				
14						-		-					_				
5		20 8 28 - 10					W.	-		-							
7		_	E					cess					-	-	10		
18	-	-											-				
200	amily has Mobility Disal		N													-	_
	amily has Hearing Disa smily has Visual Disabl	lity?	N	54	Number of t	Non-I	ly Member Family Men	nbers		0	58	Expected Fan Expected Fan	Ny Add	ition -	Pregnancy		0
0.P	emily has Visual Disable revious Head Last Nam revious Head First Nam	lity? ne		54	Number of t Number of t	Von-I	Family Men	mbers	- main		58 59 63./	Expected Fan  Expected Fan  Active Full Ce  Previous Hear	nily Add nily Add nt. Ella d ID	dition - dition - clive D	Pregnancy Foster Childre		0
0.P	emily has Visual Disabl revious Head Last Nam revious Head First Nam revious Head Middle In	lity? ne ne itial	N	54 55 56	Number of t Number of t	Von-I	Family Men	mbers		0 0 1	58 59 63./ 64.6 65.0	Expected Fan Expected Fan Active Full Ce Previous Hear Previous Hear	nily Add nily Add nt. Effe d ID	lition - lition - clive D Date	Pregnancy Foster Childre	an _	0
0.P 1.P 2.P	emily has Visual Disabl revious Head Last Nam revious Head First Nam revious Head Middle In	lity? ne	N Irdomati	54 55 56	Number of t Number of t Number of t	Von-I	Family Mei indents le Membe	mbers		0 0 1	58 59 63./ 64.6 65.0	Expected Fan  Expected Fan  Active Full Ce  Previous Hear	nily Add nily Add nt. Effe d ID	lition - lition - clive D Date	Pregnancy Foster Childre		0
50.P 51.P 52.P 55. Vbr.	revious Head Last Nam revious Head First Nam revious Head First Nam revious Head Middle In Section 67 Income Type	ne ne itial D. Income	N	54 55 56	Number of t Number of t	Non-l Depe Eligib	Family Men	mbers rs	76. ascription	0 0 1	58 59 59 63./ 64.6 65.0 etion	Expected Fan Expected Fan Active Full Ce Previous Hear Previous Hear	nily Add nily Add rt. Effe d ID d Sinth forma	tition - tition - clive D Date tion 79.	Pregnancy Foster Childre late	80. Dat	0 0
0.P 1.P 2.P	revious Head Last Namerous Head Last Namerous Head First Namerous Head Middle In Section 67	ne ne itial D. Income	N Informati 8a. Amoun	54 55 56	Number of E Number of E Number of E SSN Bene	Non-l Depe Eligib	75. Mbr. Nic.	mbers rs De	76,	0 0 1	63./ 64.i 65.i etion 7.	Expected Fan  Expected Fan  Active Full Ce  Previous Hear  Expected in  78.	nily Add nily Add rt. Effe d ID d Sinth forma	Ation - Ation - clive D Date Mon 79.	Pregnancy Foster Children latte	80	0 0
0.P 1.P 2.P 5. lbr.	revious Head Last Nam revious Head First Nam revious Head First Nam revious Head Middle In Section 67 Income Type	he ne	N Informati 8a. Amoun	54 55 56 56	Number of t Number of t Number of t Number of t 59. SSN Bene Ctaim N	Non-l Depe Eligib	75. Mbr. No. O1 Chec O1 Annu 81. Total C	Decking airly - 1	78. ascription - Columbia Waddell an	O O O O O O O O O O O O O O O O O O O	63./ 64.i 65.i etion 7.	Expected Fan Expected Fan Active Full Ce Previous Hear Previous Hear E. Asset In 78. Cash Value	nily Add nily Add rt. Effe d ID d Sinth forma	dive Date Date T9. Huel Yelloom	Pregnancy Foster Children latte	80. Data Dives	o o
0.P 1.P 2.P 5. br.	revious Head Last Namerovious Head First Namerovious Head First Namerovious Head Middle In Section 67 Income Type  Social Securities First Namerovious Head First Namerovious Head Middle Income Type  stal Emptoyment Income Stal Public Assistance Income Stal Public Assistance Income	ne ne vittel . D. Income Code	N Informati 8a. Amoun	54 55 56 56	Number of I Number of I Number of I Number of I SSN Bens Ctaim N	Non-l Depe Eligib	75. Mbr. No. 01 Check Annu 81.Total C 82.Actual	Decking ash \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	78, ascription  - Columbia Waddell an	O O O O O O O O O O O O O O O O O O O	63./ 64.i 65.i etion 7.	Expected Fan Expected Fan Active Full Ce Previous Hear Previous Hear E. Asset In 78. Cash Value	nily Add nily Add rt. Effe d ID d Sinth forma	dive Date Date T9. Huel Yelloom	Pregnancy Foster Children latte	80. Date Dives	0 0
0.P 1.P 2.P 6. br. 10.Ti	revious Head Last Naminevious Head Last Naminevious Head First Naminevious Head Middle In Section 67 Income Type  Social Secution Secution Income 2018 Public Assistance Intel Intel Income 2018 Other Income	ne n	N Informati 8a. Amoun	54 55 56 56	Number of the Nu	Non-l Depe Eligib	75. Mbr. No. O1 Chec O1 Annu 63. HUD F 63. HUD	Decking ash \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	76. ascription - Columbia Waddell an Value of Assertion Assertion OR Rate	O O O O O O O O O O O O O O O O O O O	63./ 64.i 65.i etion 7.	Expected Fan Expected Fan Active Full Ce Previous Hear Previous Hear E. Asset In 78. Cash Value	nily Add nily Add rt. Effe d ID d Sinth forma	dive Date Date T9. Huel Yelloom	Pregnancy Foster Children latte	80. Date Dives 0.0000	0 0
0.P 1.P 2.P 6. br. 10.Ti	revious Head Last Namerovious Head First Namerovious Head First Namerovious Head Middle In Section 67 Income Type  Social Securities First Namerovious Head First Namerovious Head Middle Income Type  stal Emptoyment Income Stal Public Assistance Income Stal Public Assistance Income	ne n	N Informati 8a. Amoun	54 55 56 56	Number of t Number of t Number of t Number of t SSN Bens Claim N	Non-I Depe Eligib	75. Mbr. No. 01 Chec 01 Annu 83. Total 0 82. Actual 63. HUD F 84. Impute 85 Asset:	Decking ask \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	78. ascription  - Columbia Waddell an  Waldell of Asset ne from Asset ook Rate oome from Asset	Saa 7 Sta	58 59 63./ 64.1 65.1 ettion	Expected Fan Expected Fan Active Full Ce Previous Hear Previous Hear E. Asset In 78. Cash Value	nily Add nily Add rt. Effe d ID d Sinth forma	dive Date Date T9. Huel Yelloom	Pregnancy Foster Children latte	6, 90e 6, 90e 114 0.000	o o
0.P 1.P 2.P 5. br. 10. 11.T 1.T 1.T	revious Head Last Naminevious Head Last Naminevious Head First Naminevious Head Middle In Section 67 Income Type Social Secundari Pension Income Table Public Assistance Intel Other Income otal Non-Asset Income otal Non-Asset Income	ne n	Informati 83. Amoun	54. 55. 56.	Number of the Nu	Non-Indiana Property of the Pr	75. Mbr. No. 01 Chev. O1 Annu B3. HUD F 84 Imputs 85 Asset Vilowance Willowance Manda Mand	Decking ask \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	76. ascription - Columbia Waddell an Value of Assessme from Asses ook Rate	Saa 7 Sta	58 59 63./ 64.1 65.1 ettion	Expected Fan Expected Fan Active Full Ce Previous Hear Previous Hear E. Asset In 78. Cash Value	nily Add nily Add rt. Effe d ID d Sinth forma	dive Date Date T9. Huel Yelloom	Pregnancy Foster Children latte	80. Date Dives 0.0000	o o
0.P 2.P 2.P 5. To 1.To	revious Head Last Naminevious Head First Naminevious Head First Naminevious Head Middle In Section 67 Income Type  Social Secundal Employment Income tall Public Assistance in tall Other Income tall Non-Asset Income tall Non-Asset Income	ne n	Informati 83. Amoun 18	54 55 56 56 56 58	Number of the Nu	Non-Department of the Control of the	75. Mbr. No. 01 Cherological Annual Status Ballingut Bal	Decking aity - V	78. ascription  - Columbia Waddell an  Waldell of Asset ne from Asset ook Rate oome from Asset	Saa 7 Sta	58 59 1 93.4 93.4 94.1 95.4 95.4 95.4 95.4 95.4 95.4 95.4 95.4	Expected Fan Expected Fan Active Full Ce Previous Hear Previous Hear Fa. Asset In: 76. Cash Value 813 9,093	nily Add Add Add Add Add Add Add Add Add Ad	Date Date 79. clust yill incom	Pregnancy Foster Childre late	6, 90e 6, 90e 114 0.000	o o
0.P 2.P 5. br. 6. To 1.To	revious Head Last Namerolous Head First Namerolous Head First Namerolous Head Middle In Section 67 Income Type  Social Secundaria Pension Income Rel Public Assistance Intel Other Income Rel Non-Asset Income Rel Income Re	ne n	18,15, 31,15, 31,15	54. 55. 56. 56. 56. 56. 56. 56. 56. 56. 56	Number of t Number of t Number of t Number of t Sex Sen Bens Claim N D 16,084 D 0 0 16,084 D 0 Ceduction 1 Child Care	Non-Department of the Control of the	75. Mbr. No. 01 Chec 01 Annu 02 Actual 682. Actual 683. HUD F 84 Impute 85 Asset: Ulowano appendents mae/work)	Directing ash \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	78. ascription  - Columbia Waddell an  Waldell of Asset ne from Asset ook Rate oome from Asset	Saa 7 Sta	59 59 59 64.1 65.1 65.1 65.1 65.1 65.1 65.1 65.1 65	Expected Fan Expected Fan Active Full Ce Previous Hear Previous Hear Fa. Asset In: 76. Cash Value 813 9.093	nily Added	Date  Date  Tion  Tion  Clive D  Date  Tion  Tio	Pregnancy Foster Childre late	6, 90e 6, 90e 114 0.000	o o
0.P 1.P 2.P 5. br. 10. 1.To 1.To	revious Head Last Name vious Head Last Name vious Head First Name vious Head Middle In Section 67 Income Type Social Security Social Security Public Assistance in the Other Income vital Public Assistance in the Other Income vital Non-Asset Income vital	ility?  ne ne ne ne ne ne ne no irital  D. Income Code  unty	18 18,15 31,15 31,15	54. 55. 56. 56. 58. 58. 58. 58. 58. 58. 58. 58. 58. 58	Number of t Number of t Number of t Number of t Sex Sen Bens Claim N D 18,084 D 0 18,084 Section Ceduction 1 Ceduction 1	Non-Department of the Control of the	75. Mbr. No. O1 Check St. Actual 6 82. Actual 6 83. HUD F 84 Impute 85 Asset: Ulowano appondents mass(work) mass(school chool	Directing ash \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	78. ascription  - Columbia Waddell an  Waldell of Asset ne from Asset ook Rate oome from Asset	Saa 7 Sta	59 59 63.6 63.6 64.1 65.1 65.1 65.1 65.1 65.1 65.1 65.1 65	Expected Fan Expected Fan Active Full Ce Previous Hear Previous Hear Fa. Asset In: 76. Cash Value 813 9,093	nity Added to the state of the	Date  Date  Tion  Tion  Clive D  Date  Tion  Tio	Pregnancy Foster Childre late	6, 90e 6, 90e 114 0.000	0 0
D.P. 1.P. 2.P. 5. Th. 1.To 1.To	revious Head Last Naminevious Head First Naminevious Head First Naminevious Head First Naminevious Head Middle In Section 67 Income Type Social Seculoted Employment Income Dail Pension Income Dail Pension Income Dail Politic Assistance Intel Other Income Dail Non-Asset Income Dail Amnual Income Wincome Limit Income Limit Dail Come Dail Co	ility?  ne ne ne ne ne ne ne no irital  D. Income Code  unty	18 18,15 31,15 31,15	54. 55. 56. 56. 56. 56. 56. 56. 56. 56. 56	Number of the Nu	Non-Department of the Control of the	75 Mbr. No. 01 Check of Annu St. Total C St. Attual St.	Directing ash \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	78. ascription  - Columbia Waddell an  Waldell of Asset ne from Asset ook Rate oome from Asset	Saa 7 Sta	59 59 63.6 63.6 64.1 65.1 65.1 65.1 65.1 65.1 65.1 65.1 65	Expected Fan Expected Fan Active Full Ce Previous Hear Previous Hear 78. Cash Value 813 6,093	nity Add Add Add Add Add Add Add Add Add Ad	Date Date Teleprine Telepr	Pregnancy Foster Childre Latte	6, 90e 6, 90e 114 0.000	0 0 0
D.P. 2.P. 5. To Lo	revious Head Last Naminevious Head Last Naminevious Head First Naminevious Head First Naminevious Head Middle In Section 87 Income Type Social Seculotal Employment Income tail Public Assistance Intelligence Income tail Public Assistance Intelligence Income tail Annual Income Status Income Status	ility?  ne ne ne ne ne ne ne no irital  D. Income Code  unty	18 18,15 31,15 31,15	54 55 56 56 56 56 56 56 56 56 56 56 56 56	Number of the Nu	F. Accorded to the control of the co	75 Mbr. No. Otto Check of the Manual	Directing ash \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	78. ascription  - Columbia Waddell an  Waldell of Asset ne from Asset ook Rate oome from Asset	Saa 7 Sta	59 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	Expected Fan Expected Fan Active Full Ce Previous Hear Previous Hear Fa. Asset Inv 78. Cash Value  108. Total Ten 109. TTP Ben 110. Tenant Ri 111. Utility Rel 112. Assistance	nity Added	Date  Date  Dition -  Telephone  Telephone  Dition  Telephone  Dition  Telephone  Dition  Telephone  Dition  D	Pregnancy Foster Childre Latte	6, 90e 6, 90e 114 0.000	0 0 0
D.P.  S.T.  To.  Lo  Cu  Ex	revious Head Last Naminevious Head Last Naminevious Head First Naminevious Head First Naminevious Head First Naminevious Head Middle In Section 87 Income Type Social Seculosis Pension Income	ne n	18 18,15 31,15 31,15	54 55 56 56 56 56 56 56 56 56 56 56 56 56	Number of t Number of t Number of t Number of t 59. SSN Bens Claim N 0 16,084 0 0 16,084 Child Care Child Care	F. A Cor Di Expe	75. Mbr. No. O1 Chec O1 Annu B3.Total C 82.Actual 63.HUD F 84.Impub 85.Asset: Ulowano apendenta mase(work) mase (school mase (school mase)	Directing ash \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	78. ascription  - Columbia Waddell an  Waldell of Asset ne from Asset ook Rate oome from Asset	Sad 7 Size Sad	93./ 94./ 95./ 95./ 95./ 95./ 95./ 95./ 95./ 95	Expected Fan Expected Fan Active Full Ce Previous Hear Previous Hear Fa. Asset In: 76. Cash Value 813 9,093 106.Total Ten 108.Total Ten 110.Tenant Ru 111.Utility Rei 112.Assistanc 113.Weitare F	nity Asic Asic Asic Asic Asic Asic Asic Asic	Date  Date  Dition -  Telephone  Telephone  Dition  Telephone  Dition  Telephone  Dition  Telephone  Dition  D	Pregnancy Foster Childre Latte	6, 90e 6, 90e 114 0.000	0 0 0
O.P. 1. P. 2. P. 1. To 2. To 1. To 1. Lo 1. Lo 1. Se 1. Se 1. Se	amily has Visual Direction revious Head Last Naminevious Head First Naminevious Head First Naminevious Head First Naminevious Head Middle In Section 67 Income Type Social Secundary Pension Income Dail Pension Income Dail Pension Income Dail Public Assistance in the Other Income Dail Non-Asset Income Dail Non-Asset Income Wincome Limit Income Limit Direction Limit Dail Come Status glibitity Universe Code c. 8 Assist, 1984 Indica	ne n	18 18,15 31,15 31,15	54. 55. 56. 56. 58. 58. 58. 58. 58. 58. 58. 58. 58. 58	Number of t Number of t Number of t Number of t 59. SSN Bens Claim N 0 18,084 0 0 18,084 0 0 16,084 Child Care Child Care Child Care 1, 10 sability t 2, 2 Disability 1 3, 3 Medical E	F. A. Debugger of the company of the	75. Mbr. No. D1 Chec D1 Annu Annu Annu Annu Annu Annu Annu Ann	Directing ash \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	78. ascription  - Columbia Waddell an  Waldell of Asset ne from Asset ook Rate oome from Asset	Sa S	93./ 94./ 95.1 95.1 95.1 95.1 96.1 96.1 96.1 96.1 96.1 96.1 96.1 96	Expected Fan Expected Fan Active Full Ce Previous Hear F. Asset Int 78. Cash Value  813 6.093  106. Total Ten 109. TTP Befi 111. Utility Rel 112. Assistance 113. Welfare R 114. Rent Ove	nity Additional Payment Paymen	Date Date Date Tipo Tipo Tipo Tipo Tipo Tipo Tipo Tipo	Pregnancy Foster Childre Latte	6, 90e 6, 90e 114 0.000	0 0 0
D.P. 1. P. 2. P. 1. To . Lo . Lo Se inc	amily has Visual Direction revious Head Last Naminevious Head First Naminevious Head First Naminevious Head Middle In Section 67 Income Type  Social Seculosia Pension Income Inc	ne n	18 18,15 31,15 31,15	54 55 56 56 56 56 56 56 56 56 56 56 56 56	Number of t Number of t Number of t Number of t Section 16,084 D 0 16,084 Deduction 1 Child Care Child Child Child Child Child Child Child Child Child Child Child Child Child Child Child Child Child Child	F. & Deduce Expenses	75. Mbr. No. 01 Check St. Actual 6 82. Actual 6 83. HUD F 84 Impute 85 Asset: Ulowano appendents anae(work) anae(school see cition see cition	Dicking although the control of the	78. ascription  - Columbia Waddell an  Waldell of Asset ne from Asset ook Rate oome from Asset	Sa S	55. 55. 55. 55. 55. 55. 55. 55. 55. 55.	Expected Fan Expected Fan Active Full Ce Previous Hear Previous Hear Previous Hear 78. Cash Value 813 6,093 108. Total Ten 108. TTP Befi 111. Utility Rei 112. Assistanc 113. Weilane R 114. Rant Ove 115. Hardship	nily Additional Page 19 Additional Page 19 Additional A	Date Date Date T9, Income 114	Pregnancy Foster Childre Latte	6, 90e 6, 90e 114 0.000	0 0 0
O.P. 1 PO PO PO Sulpo Su	revious Head Last Naminevious Head Last Naminevious Head First Naminevious Head First Naminevious Head First Naminevious Head Middle In Section 67 Income Type  Social Seculotical Employment Income Stal Public Assistance Intel Other Income Stal Non-Asset Income Intel Income Limit Income Limit Income Limit Income Status gibility Universe Code 6. 8 Assist, 1884 Indica ome Exception Code Security Tenant? Provisor of Qualifier?	ne n	18 18,15 31,15 31,15	544 555 56 56 56 56 56 56 56 56 56 56 56 56	Number of the Nu	Fig. 6	75. Mbr. No. OT Check No. OT Ch	Dicking although the control of the	78. ascription  - Columbia Waddell an  Waldell of Asset ne from Asset ook Rate oome from Asset	O O O O O O O O O O O O O O O O O O O	55. 55. 55. 55. 55. 55. 55. 55. 55. 55.	Expected Fan Expected Fan Active Full Ce Previous Hear Previous Hear 78. Cash Value 813 6,093 108. Total Ten. 109. TTP Befi 110. Tenant Rr 111. Utility Rei 113. Assistance 113. Welfare Fe 114. Rant Ove 115. Hardship 116. Warver Ty	nity Additional and a significant and a signific	ctive D Date Date Date Tellori	Pregnancy Foster Childre Latte	6, 90e 6, 90e 114 0.000	o o
JOSEPH SEING	amily has Visual Directive visual Persons Head First Name visual Head First Name visual Head First Name visual Head Middle In Section 67 Income Type Social Security Persons Income visual Pension Income visual Other Income Limit visual Income Status glicibity Universe Code visual	ility?  The ne	18 18,15 19,50	54 55 56.  Don  t .084  .084  .084  .084  .084  .084  .084  .084	Number of t Number of t Number of t Number of t Section 16,084 D 0 16,084 Deduction 1 Child Care Child Child Child Child Child Child Child Child Child Child Child Child Child Child Child Child Child Child	Fig. 6 Page 1 Pa	75 Mbr. No. Check Mbr	Dicking although the control of the	78. ascription  - Columbia Waddell an  Waldell of Asset ne from Asset ook Rate oome from Asset	See	55. 55. 55. 55. 55. 55. 55. 55. 55. 55.	Expected Fan Expected Fan Active Full Ce Previous Hear Previous Hear Previous Hear 78. Cash Value 813 6,093 108. Total Ten 108. TTP Befi 111. Utility Rei 112. Assistanc 113. Weilane R 114. Rant Ove 115. Hardship	nily Ado rt. Effect rt	Date  tition - clive D  ate  tition - 79. cluel Yi Incom  114	Pregnancy Foster Childre late  Barty	6, 90e 6, 90e 114 0.000	0 0 0

HB 4350.3 Rev 1

#### Owner's Certification of Compliance with HUD's Tenant Eligibility and Rent Procedures

#### U.S. Department of Housing And Urban Development

Office of Housing Federal Housing Commissioner NOT for submission to the Federal Government Lendlord's Official Record of Certification OMB Approval Number 2502-0204

Section A - Acknowledgements

Public Reporting Burden. The reporting burden for this collection of information is estimated to average 55 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (25020204), Washington, DC 20503. The information is being collected by HUD to determine an applicant's eligibility, the managing certain HUD properties, to protect the Government's financial interest, and to verify the accuracy of the information furnished. HUD or a Public Housing Authority (PHA) may conduct a computer match to verify the information you provide. This information may be released in accordance with HUD's Computer Matching Agreement (CMA) between the Social Security Administration and the CSNs), unless exempted by 24 CFR 5.216, you, and all other household members, have and use. Giving the SSNs of all household any information may result in a delay or rejection of your eligibility approval. Failure to provide any information may result in a delay or rejection of your eligibility approval.

Privacy Act Statement. The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937, as amended (42 U.S.C. 1437 et. seq.); the Housing and Urban-Rural Recovery Act of 1983 (P.L. 98-181); the Housing and Community Development Technical Amendments of 1984 (P.L. 98-479); and by the Housing and Community Development Act of 1987 (42 U.S.C. 3543).

Tenant(s)' Certification - I/We certify that the information in Sections C, D, and E of this form are true and complete to the best of my/our knowledge and belief. I/We understand that I/we can be fined up to \$10,000, or imprisoned up to five years, or lose the subsidy HUD pays and have my/our rent increased, if I/we furnish false or incomplete information.

Owner's Certification - I certify that this Tenent's eligibility, rent and assistance payments have been computed in accordance with HUD's regulations and administrative procedures and that all required verifications were obtained.

Warning to Owners and Tenants. By signing this form, you are indicating that you have read the above Privacy Act Statement and are agreeing with the applicable Certification.

False Claim Statement. Warning: U.S. Code, Title 31, Section 3729, False Claims, provides a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages for any person who knowingly presents, or causes to be presented, a false or fraudulent claim; or who knowingly makes, or caused to be used, a false record or statement; or conspiras to defraud the Government by getting a false or fraudulent claim allowed or paid.

	Cortificatio	on Summary from Page 2	THE PARTY OF THE PARTY.	
Name of Project ROSE OF MARY TERRACE		Effective Date 03/01/2017	Cartification Type Annual Recertification	Anticipated Voucher Date 04/01/2017
Head of Household LaVonne Hagariy		Total Tenant Payment 323	Assistance Payment	Tenant Rent 293
Unit Number 810 (310)		Extenuating Circumstance		
	To	ment Signatures		
Hest of Household	Date: 2/23//5	7 Other Adult		Date:
Spause / Co-Hoard	Dujé:	Other Adult	81	Date:
Other Adult	Date:	Other Adult		Date.
Other Adult	Date:	Other Adult		Date:
Other Adult	Date	Other Adult		Date:
Other Adult	Date.	Other Adult	1	Date:
Other Adult	Date	Other Adult		Date:
	Own	er/Agent Signature	two statements of	
Sulva Reiks				Date 2-13-17
Previous versions of this form are obsolets	Control of the second	Dono 1 of 2		form LHID FROST MAINS

Previous versions of this form are obsolete.

This form also replaces HUD-50059-D,-E,-F, & -G.

Page 1 of 3

form HUD-50059 (05/2014) HB 4350.3 Rev 1

Wit	ner's Certificat HUD's Tenan Rent Procedu	t Eligibilit	mpilan y	ce		And	Urbar Office	of H	t of House welopme ousing commission	ent			For Subm	Perso	nal Records to the Fede Reco	eral Go	- not for wernment
					Se	ctio	n B St	america	ary Inform	ation		************	******	20.11		-	
1.Proj	ect Name													10).	-	J. Daniel	
		ROSE OF MAR	RY TERRA	CE 1:	2.Effective [	)ate	all the second		7-31-5	03/	01/2017	21.Unit Num	ber	-			310 (310
	sidy Type	Secti	on 202 PR	AC 1	3.Anticipales	d Vou	cher Date			94/	01/2017	22.No. of Be	22.1	9		-	310 (31)
	ondary Subsidy Type			14	Mext Race	rtifica	ton Date					23.Building I					-
-	erty ID									- 100		24.Unit Trans	sier Co	ode	-	-	
	ect Number				5 Project Mo			- 10-5		03/	18/2010	25.Previous	Unit N	a.	Albania II	-	
	raci Number lact MAX ID				6.Certificatio				Annual	Recer	tification	28. Security D	Deposi			77.00	22
	of Action Code		I KACMOBE	-	7.Action Pro	_						27 236 Basic	SMIR	Rent		-meyers	
	-Owned Project?				8.Correction				-			28 Market R	ent				N. V.
	wious Housing Code			_	EV Indica		-					29 Contract I	Rent		www.mood		42
	placement Status Cox	do		20	J.Prev. Subs	sidy T	Vose .					30 Utility Allo	wence				
	POST PER CONTRACTOR			-			-					31. Gross Re	_				45
	The state of the s	The same of the sa		_		New to				1000000		32 TTP at R	AD Co	nversi	on		
33.	34.	35		201		-	-	-	old Inform							2/10/2002	
No.	Last Name	First f	Varne	36. MI	37. Rel.	38. Sex	29. Race	40. Eth.	41. Birth Date	42. Specia Status		44. ID Code (SSN)	45. SSN Excp	46. Ctzn Code	47. Alien Reg. Number	48. Age	49. Work Codes
	lagarty	LaVonne		R	H-Head	F	W	2	04/08/1943	EH		503508988		EC	- Treestrates, 1	73	
02		-				-	== =				-		-			+	1000000
03	-	. Paramon	-						7	100			-			-	
04											1000				_		-
05																	-
06	e see - while others																AVEASSE:
										_	-	ALC: NO PERSON NAMED IN	-				
-			- LE DICI SWAMP									de la constitución de la constit			The state of	10000	E II
06 0.Fe	mily has Mobility Disa mily has Hearing Disa	billy?	N N	54	Number of Number of	Non-F	amily Me			1 0	58.	Expected Fan	nilly Ad	dition -	Pregnancy	H	0
06 50.Fe 51.Fe 52.Fe 60.Pr 61.Pr	mily has Hearing Disa mily has Visual Disabi evious Head Last Nan evious Head First Nan evious Head Middle In	bility? ne ne ne iitial	N N	54 55 56		Non-l Depe	amily Me	mben			58. 59. 63. 64.	Expected Fan	nily Ad nily Ad ert. Effe d ID	dition - dition - ective (	Pregnancy Foster Childr	en -	0
51.Fa 52.Fa 60.Pr 61.Pr 62.Pr	mily has Hearing Disa mily has Visual Disab evious Head Last Nan evious Head First Nan evious Head Middla In Section	bility?	N N Informati	54 55 56	Number of Number of Number of	Non-l Depe	amily Me ndents le Membe	mben		0 0 1	58. 59. 63. 64. 65.	Expected Far Expected Far Active Full Ce Previous Hea	nily Ad nily Ad ert. Effe d ID d Birth	dition - dition - ective I Date	Pregnancy Foster Childr		0
06 50.Fe 51.Fe 52.Fe 60.Pr 61.Pr 62.Pr 68. Mbr. No.	mily has Hoaring Disa mily has Visual Disabi evious Head Last Nan evious Head First Nan evious Head Middle In Section 67. Income Type	ne ne iitial Code	N N	54. 55. 56.	Number of Number of	Non-l Depe Eligib	amily Me	mben	78. escription	0 0 1	58. 59. 63. 64. 65.	Expected Far Expected Far Active Full Ce Previous Hea Previous Hea	nily Ad nily Ad ert. Effe d ID d Birth	dition - dition - ective I Date	Pregnancy Foster Chedr Date		0 0
08 50.Fe 51.Fe 52.Fe 60.Pr 61.Pr 62.Pr 68. Mbr. No.	mily has Hearing Disa mily has Visual Disabi evious Head Last Nam evious Head First Nam evious Head Middla In Section 67. Income Type	bisty?  ne ne ne ittal  D. Income  Code	N N Informati 68. Amou	54. 55. 56.	Number of Number of Number of SSN Ben	Non-l Depe Eligib	78. Mbr. No.	mben rs D	78. escription - Banner Ba	0 0 1	58. 59. 63. 64. 65. ection 77. latus	Expected Far Expected Far Active Full Ce Previous Hea Previous Hea E. Asset In 78.	nily Ad nily Ad ert. Effe d ID d Birth	dition - 78 ctual \( \)	Pregnancy Poster Childr Date  Cearly The	80 Da	0 0
06 50.Fe 51.Fe 52.Fe 60.Pr 61.Pr 62.Pr 68. Mbr. No.	mily has Hoaring Disa mily has Visual Disabi evious Head Last Nan evious Head First Nan evious Head Middle In Section 67. Income Type	bisty?  ne ne ne ittal  D. Income  Code	N N Informati 68. Amou	54. 55. 55.	Number of Number of Number of SSN Ben	Non-l Depe Eligib	75. Mbr. No. 01 Che 01 CD	nben rs D cking	76. escription - Banner Ba k of America	0 0 1	58. 59. 63. 64. 65. section 77. latus	Expected Fan Expected Fan Active Full Ce Previous Hea Previous Hea E. Ascet In 78. Cash Value  322 3,101	nily Ad nily Ad ert. Effe d ID d Birth	dition - dition - dition - dition - dition - dition - Date ation 78 ctual \( \) Incor	Pregnancy Foster Childr Date  Cearly The Children Children Control Co	80 Da	0 0
08 50.Fe 51.Fe 52.Fe 60.Pr 61.Pr 62.Pr 68.Mbr. No.	mily has Hearing Disa mily has Visual Disabi evious Head Last Nam evious Head First Nam evious Head Middla In Section 67. Income Type	bisty?  ne ne ne ittal  D. Income  Code	N N Informati 68. Amou	54. 55. 56.	Number of Number of Number of SSN Ben	Non-l Depe Eligib	78. Mbr. No. 01 Che 01 Sav	D cking - Banings -	78. escription Banner Ba k of America Bank of Am	0 0 1	58. 59. 63. 64. 65. ection 77. latus	Expected Fan Expected Fan Active Full Ce Previous Hea Previous Hea E. Asset In 76. Cash Value	nily Ad nily Ad ert. Effe d ID d Birth	Date ation 78 ctual 1 Incor	Pregnancy Foster Chedr Date	80 Da	0 0
08 50.Fs 51.Fs 52.Fs 60.Pr 661.Pr 662.Pr 66.Mbbr. No.	mily has Hearing Disa evicus Head Last Nen evicus Head First Nan evicus Head Middle In Section 67. Income Type Social Sec Annuity Inc	bility?  ne ne ne nitial i D. Income  Code	N N Informati 68. Amou	54. 55. 56.	Number of Number of Number of Number of 69 SSN Bern Claim N	Non-l Depe Eligib	76. Mbr. No. 01 Che 01 Sav 01 Sav	Dischings - ings -	78. escription Banner Ba k of America Bank of Am Banner Ban	0 0 1	63. 64. 65. section 77. latus	Expected Far Expected Far Active Full Ge Previous Hea Previous Hea E. Asset In 78. Cash Value 322 3,101 79	nily Ad nily Ad ert. Effe d ID d Birth	dition - dition - dition - dition - dition - dition - Date ation 78 ctual \( \) Incor	Pregnancy Foster Chedr Date	80 Da	0 0
08 50.Fs 51.Fs 52.Fs 60.Pr 61.Pr 62.Pr 66.Mbr. No.	mily has Hearing Disa mily has Visual Disabi evious Head Last Nan evious Head First Nan evious Head Middla III 97. Income Type Social Sec Annuity Inco	bility?  ne ne ne nitial i D. Income  Code	N N Informati 68. Amou	54. 55. 56.	Number of Number of Number of Number of 69. SSN Ben Claim N	Non-l Depe Eligib	76. Mbr. No. 01 Che 01 Sav 01 Sav 81 Total	D Darcking - Barrings - Cash	78. escription  Banner Bank of America Bank of Am Banner Ban	0 0 1	63. 64. 65. section 77. latus	Expected Far Expected Far Active Full Ge Previous Hea Previous Hea E. Asset In 78. Cash Value 322 3,101 79	nily Ad nily Ad ert. Effe d ID d Birth	Date ation 78 ctual 1 Incor	Pregnancy Foster Chedr Date	BO Dive	O O
08 50.Fs 51.Fs 52.Fs 60.Pr 661.Pr 66. Mbr. No.	mily has Hearing Disa evicus Head Last Nen evicus Head First Nan evicus Head Middle In Section 67. Income Type Social Sec Annuity Inc	bility?  me na ittal  i D. Income  Code  purity  orne	N N Informati 68. Amou	54. 55. 56.	Number of Number of Number of Number of SSN Ben Claim N	Non-l Depe Eligib	75. Mbr. No. 01 Che 01 Sav 01 Sav 81 Total 82 Actus	Dicking - Barrings - Cash	76. escription  Banner Ba k of America Bank of Am Banner Ban Value of Ass me from Ass	0 0 1	63. 64. 65. section 77. latus	Expected Far Expected Far Active Full Ge Previous Hea Previous Hea E. Asset In 78. Cash Value 322 3,101 79	nily Ad nily Ad ert. Effe d ID d Birth	Date ation 78 ctual 1 Incor	Pregnancy Foster Chedr Date	90 Day Dive:	0 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
08 50.Fs 50.Fs 51.Fs 52.Fs 60.Pr 66. Pr 66. Mbr. No. 101 01 70.Tc 77.Tc 77.Tc	mily has Hearing Disa mily has Visual Disabi evious Head Last Nan evious Head First Nan evious Head Middla II Gr. Income Type Social Sec Annuity Inco ial Pension Income ial Pension Income tal Public Assistance tal Other Income	bility?  ne ne ne nittal i D. Income Code unity ome	N N Informati 68. Amou	54. 55. 56.	Number of Number of Number of Number of 69. SSN Ben Claim N	Non-l Depe Eligib	75. Mbr. No. 01 Che 01 Sav 01 Sav 81 Total 82 Actus 83 HUD	D D Cking - Banings - Cash	78. escription  Banner Bank of America Bank of Am Banner Ban	0 0 1 1 S	63. 64. 65. section 77. latus	Expected Far Expected Far Active Full Ge Previous Hea Previous Hea E. Asset In 78. Cash Value 322 3,101 79	nily Ad nily Ad ert. Effe d ID d Birth	Date ation 78 ctual 1 Incor	Pregnancy Foster Chedr Date	BO Dive	0 0 1. the sted
08 50.Fs 50.Fs 51.Fs 52.Fs 60.Pr 66. Pr 66. Mbr. No. 101 01 70.Tc 77.Tc 77.Tc	mily has Hearing Disa mily has Visual Disabi evious Head Last Nan evious Head First Nan evious Head Middla In G7. Income Type Social Sec Annuity Inc ial Employment Income ial Pension Income ial Public Assistance	bility?  ne ne ne nittal i D. Income Code unity ome	N N Informati 68. Amou	54. 55. 56.	Number of Number of Number of Number of Number of Number of Otto N	Non-l Depe Eligib	75. Mbr. No. 01 Che 01 Sav 01 Sav 81 Total 82 Actus 83 HUD	D Cking - Barrings - Cash il Inco	76. escription  Banner Ba k of America Bank of Am Banner Ban Value of Ass me from Ass book Rale book Rale	0 0 1 1 S	63. 64. 65. section 77. latus	Expected Far Expected Far Active Full Ge Previous Hea Previous Hea E. Asset In 78. Cash Value 322 3,101 79	nily Ad nily Ad ert. Effe d ID d Birth	Date ation 78 ctual 1 Incor	Pregnancy Foster Chedr Date	90 Day Dive:	0 0 0 1. te sted
08 00.F8 51.F8 52.F8 60. Pr 91. Pr 82 Pr 66. Mbr. No. 01 01 70.Tc 72.Tc 73.Tc	mily has Hearing Disa mily has Visual Disabi evious Head Last Nen evious Head First Nan evious Head Middle II Gr. Income Type Social Sec Annuity Inc ial Employment Income ial Pension Income ial Pension Income ial Public Assistance tal Other Income	bility?  ne ne ne nittal i D. Income Code unity ome	N N Informati 68. Amou	54. 55. 56.	Number of Number of Number of Number of Number of Number of SSN Ben Claim N	Non-i Depe Eligib Eligib	75. Mbr. No. 01 Che 01 CD 01 Sav 01 Sav 81 Total 82 Actus 83 HUD 84 Impul 85 Assel	D Dacking - Banings - Cash il Inco	76. escription  Banner Ba k of America Bank of Am Banner Ban Value of Ass me from Ass book Rale book Rale	0 0 1	58. 59. 63. 64. 65. ection 77. tatus	Expected Far Expected Far Active Full Ge Previous Hea Previous Hea E. Asset In 78. Cash Value 322 3,101 79	nily Ad nily Ad ert. Effe d ID d Birth	Date ation 78 ctual 1 Incor	Pregnancy Foster Chedr Date	111.6 1,86 0.00 67	0 0 0 1. te sted
08 50.F8 51.F8 52.F8 60.Pr 91.Pr 82.Pr 66.Mbr. No. 11 11 170.Tc 77.Tc 77.Tc 77.Tc	mily has Hearing Disa mily has Visual Disabi evious Head Last Nen evious Head First Nan evious Head Middla III gr. Income Type Social Sec Annuity Inco ial Employment Income ial Pension Income ial Pension Income ial Public Assistance tal Other Income	bility?  ne ne ne nittal i D. Income Code unity ome	N N Informati 68. Amou	54, 55, 56, 56, 56, 56, 56, 56, 56, 56, 56	Number of Number of Number of Number of Number of Number of SSN Ben Claim N	Non-i-Depe Eligib  elits io.	75. Mbr. No. 01 Che 01 CD 01 Sav 01 Sav 81 Total 82 Actus 83 HUD 84 Imput 85 Assal	D cking - Banings - Cash not Passing Inco	76.  Banner Ba k of America Bank of Am Banner Ban Value of Ass me from Ass book Rale come from A	0 0 1	58. 59. 63. 64. 65. ection 77. latus C C C C C C	Expected Far Expected Far Active Full Ge Previous Hea Previous Hea E. Asset In 78. Cash Value 322 3,101 79	nily Ad nily Ad ert. Effe d ID d Birth	Date Date Teacher Teac	Pregnancy Foster Cheldr  Date  Cearly The	111.6 1,86 0.00 67	0 0 0 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
08 50.Fs 51.Fs 52.Fs 52.Fs 62.Fs 60.Pr 66. Mbr. No. 101 101 101 101 101 101 101 101 101 10	mily has Hearing Disa mily has Visual Disabi evious Head Last Nan evious Head First Nan evious Head Middla in Section 97. Income Type Social Sec Annuity Inc ial Employment Income ial Pension Income ial Pension Income ial Public Assistance tail Ohor-Asset Income al Annual Income w Income Limit	bility?  ne ne ne nittal i D. Income Code unity ome	N N N N N N N N N N N N N N N N N N N	54, 55, 55, 56, 56, 56, 56, 56, 56, 56, 56	Number of SSN Ben Claim N 0 14,148 0 0 3,536 17,687 Section Deduction 8.Child Care	Per	78. Mbr. No. 01 Che 01 Sav 01	Dicking - Barrings - Cash il Inco	76.  Banner Ba k of America Bank of Am Banner Ban Value of Ass me from Ass book Rale come from A	0 0 1	63. 64. 65. 65. 64. 65. 66. 66. 66. 66. 66. 66. 66. 66. 66	Expected Far Expected Far Active Full Ce Previous Hea Previous Hea E. Ascet In 76. Cash Value 322 3,101 79 296	nily Ad Annily A	Date Date Strong Telephone	Pregnancy Foster Cheldr  Cearly ne	111.6 1,86 0.00 67	0 0 0 1. te ssted
08 50.Fs 51.Fs 52.Fs 52.Fs 62.Fs 60.Pr 66. Mbr. No. 101 101 101 101 101 101 101 101 101 10	mily has Hearing Disa mily has Visual Disabi evious Head Last Nan evious Head First Nan evious Head Middla In G7. Income Type Social Sec Annuity Inc lail Employment Income tal Public Assistance tal Other Income tal Non-Asset Income tal Non-Asset Income	bility?  ne ne ne itital  1 D. Income  Code  unthy orne	N N N N N N N N N N N N N N N N N N N	54, 55, 55, 55, 55, 55, 55, 55, 55, 55,	Number of SSN Ben Claim N 14,148 0 3,538 17,58 1	Property of the state of the st	75. Mbr. No. 01 Che 01 Sav	Dicking - Barrings - Cash il Inco	76.  Banner Ba k of America Bank of Am Banner Ban Value of Ass me from Ass book Rale come from A	0 0 1	58. 59. 64. 65. 64. 64. 64. 65. 64. 64. 64. 64. 64. 64. 64. 64. 64. 64	Expected Far Expected Far Active Full Ce Previous Hea Previous Hea E. Asset In 78. Cash Value 322 3,101 79 296	nily Ad Annily Anni	Date Date Strong Telephone	Pregnancy Foster Cheldr  Cearly ne	111.6 1,86 0.00 67	0 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
08 50.F8 52.F8 52.F8 52.F8 60.Pr 52.F8 66. Mbr. No. 01 01 01 01 01 01 01 01 01 01 01 01 01	mily has Hearing Disa mily has Visual Disabi evious Head Last Nen evious Head First Nan evious Head Middla In G7. Income Type Social Sec Annuity Inc lail Employment Income tal Pension Income tal Public Assistance tal Other Income tal Non-Asset Income all Annual Income to Income Limit by Low Income Limit terms by Low Income Limit terms by Low Income Limit	bility?  ne ne ne itital  1 D. Income  Code  unthy orne	N N N N N N N N N N N N N N N N N N N	54, 55, 55, 55, 55, 55, 55, 55, 55, 55,	Number of Number	efits io.  France Exp	75. Mbr. No. 01 Che 01 Sav 01 Sav 01 Sav 04 Sabus 03 ABD 08 Imput 08 Asset	Dicking - Barrings - Cash il Inco	76.  Banner Ba k of America Bank of Am Banner Ban Value of Ass me from Ass book Rale come from A	0 0 1	68. 64. 65. 64. 65. 64. 65. 64. 65. 64. 65. 64. 65. 64. 65. 65. 64. 65. 65. 65. 65. 65. 65. 65. 65. 65. 65	Expected Far Expected Far Expected Far Active Full Ce Previous Hea Previous Hea E. Asset In 78. Cash Value  322 3,101 79 296  108.Total Te 108.Total Te 110.Tenant F 111.Utility Re	nily Ad and Add and Ad	Date Strong TB Incorporate TB Incorp	Pregnancy Foster Cheldr  Cearly The Cheldr  The Cheldr	111.6 1,86 0.00 67	0 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
08 50.F8 50.F8 52.F8 52.F8 60.Pr 52.F8 66. Mbr. No. 01 01 01 01 01 01 01 01 01 01 01 01 01	mily has Hearing Disa mily has Visual Disabi evious Head Last Nan evious Head First Nan evious Head Middle In Gr. Income Type Social Sec Annuity Inco tal Employment Income tal Public Assistance tal Other Income tal Non-Asset Income	bility?  ne ne ne nittal i D. Income Code unity ome Income	N N N N N N N N N N N N N N N N N N N	54, 55, 55, 55, 55, 55, 55, 55, 55, 55,	Number of Number	Pon-Indiana Property of the Pr	75. Mbr. No. 01 Che 01 Sav 01	Dicking - Barrings - Cash il Inco	76.  Banner Ba k of America Bank of Am Banner Ban Value of Ass me from Ass book Rale come from A	0 0 1	58. 59. 63. 64. 64. 64. 64. 64. 64. 64. 64. 64. 64	Expected Fan Expected Fan Expected Fan Active Full Ce Previous Hea Previous Hea E. Asset In 78. Cash Value  322 3,101 79 296  108. Total Te 110. Trp Be 110. Tenant F 111. Utility Re 112. Assistan	nily Ad anily Ad anil	Date Strong TB Incorporate TB Incorp	Pregnancy Foster Cheldr  Cearly The Cheldr  The Cheldr	111.6 1,86 0.00 67	0 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
08 50.Fe 51.Fe 60.Fr 60.	mily has Hearing Disa mily has Visual Disabi evious Head Last Nan evious Head First Nan evious Head Middla III 97. Income Type Social Sec Annuity Income tal Employment Income tal Public Assistance tal Public Assistance tal Non-Asset Income tal Non-Asset Income	bility?  me ne littal  i D. Income  Code  unity ome	N N N N N N N N N N N N N N N N N N N	54, 55, 55, 55, 55, 55, 55, 55, 55, 55,	Number of Number	Non-I-Department of the Indian	75. Mbr. No. 11 Che 01 Che 01 Sav 81 Total 82 Actus 83 Horpul 85 Assel Allowers ense(work ense) solution	Dicking - Barrings - Cash il Inco	76.  Banner Ba k of America Bank of Am Banner Ban Value of Ass me from Ass book Rale come from A	0 0 1	58. 58. 64. 65. 64. 65. 65. 66. 66. 66. 66. 66. 66. 66. 66	Expected Far Expected Far Expected Far Active Full Ce Previous Hea Previous Hea Previous Hea E. Ascet In 76. Cash Value  322 3,101 79 296  108. Total Te 109. TTP Be 110. Tenant F 111. Utility Re 112. Assistan 113. Welfare	nily Ad nily Ad and Park Ad	Date Strong TB Incorporate TB Incorp	Pregnancy Foster Cheldr  Cearly The Cheldr  The Cheldr	111.6 1,86 0.00 67	0 0 0 11.5 to the sasted 118.65 100 to 118.55 3.3 to 118.55
08 50.Fe 51.Fe 552.Fe 65.Fe 66.Fe 66	mily has Hearing Disa mily has Visual Disabi evious Head Last Nen evious Head First Nan evious Head First Nan evious Head First Nan evious Head Middla II  Section  (7. Income Type  Social Sec Annuity Inco  tal Employment Income tal Pension Income tal Pension Income tal Public Assistance tal Non-Asset Income all Annual Income w Income Limit by Low Income Limit memely Low Income Limit ment Income Status gibility Universe Code c. 8 Assist. 1984 Indice c. 8 Assist. 1984 Indice	bility?  me ne littal  i D. Income  Code  unity ome	N N N N N N N N N N N N N N N N N N N	54, 55, 55, 55, 55, 55, 55, 55, 55, 55,	Number of Number of Number of Number of Number of Number of SSN Ben Claim N 0 14,148 0 0 3,539 17,587 Sectio 7 Deduction 8.Child Care 9. Child Care 9. Child Care 10 1,0 mshifts of 10 1,0 mshif	Non-Independent of the Community of the	75. Mbr. No. 1 Che of C	Dicking - Barrings - Cash il Inco	76.  Banner Ba k of America Bank of Am Banner Ban Value of Ass me from Ass book Rale come from A	0 0 1	58. 58. 64. 65. 64. 65. 66. 66. 66. 66. 66. 66. 66. 66. 66	Expected Far Expected Far Expected Far Expected Far Previous Hear Previous Hear Far Expected Far Far Expected Far Far Expected Far Expe	nily Ad Amily Ad Amily Ad Amily Ad Amily Ad Amily Ad Amily Ad Burth Amily Amil	Date ation - Control of the Control of Contr	Pregnancy Foster Cheldr  Cearly The Cheldr  The Cheldr	111.6 1,86 0.00 67	0 0 0 11.5 to the sasted 118.65 100 to 118.55 3.3 to 118.55
08 50.Fe 55.Fe 65.Fe 66.Fe 66.	mily has Hearing Disa mily has Visual Disabi evious Head Last Nen evious Head First Nan evious Head First Nan evious Head First Nan evious Head Middla II Section G7. Income Type  Social Sec Annuity Inc  Ial Employment Income ial Pension Income ial Pension Income ial Pension Income ial Public Assistance ial Non-Asset Income al Annual Income w Income Limit ry Low Income Umit remety Low Income Limit remety Low Income Limit remety Low Income State gibility Universe Code c. 8 Assist, 1984 Indic ome Exception Code	bility?  me ne littal  i D. Income  Code  unity ome	N N N N N N N N N N N N N N N N N N N	54, 55, 55, 55, 55, 55, 55, 55, 55, 55,	Number of Number	Non-Independent of the series	75. Mbr. No. 1 Che 01 Sav 01 Sav 01 Sav 1 Total 82 Actus 83 HUD 84 Impul 85 Asset Ascream respendent ense(work ense(work ense(work ense) work ense stick ense	D D Cashings - Cashing	76.  Banner Ba k of America Bank of Am Banner Ban Value of Ass me from Ass book Rale come from A	0 0 1	58. 63. 64. 65. 65. 66. 65. 66. 65. 66. 65. 66. 65. 66. 65. 66. 65. 66. 65. 66. 65. 66. 65. 66. 65. 66. 65. 65	Expected Fan Expected Fan Active Full Ce Previous Hea Previous Hea F. Asset In 78. Cash Value  322 3,101 79 296  108.Total Te 109. TTP Be 110.Tenant F 111.Utility Re 112.Assistan 113.Welfare 114.Rant Ou 115.Hardshil	nily Addinily Addinily Addinily Addinily Addinily Addinining Addinining Addinining Addinining Addinining Addinining Addining Addi	Date Date Incorrection of the Control of Con	Pregnancy Foster Cheldr  Cearly The Cheldr  The Cheldr	111.6 1,86 0.00 67	0 0 0 11.5 to the sasted 118.65 100 to 118.55 3.3 to 118.55
08 50,Fe 51,Fe 65,Fe 660,Pr 76,Fe 661,Pr 662,Pr 662,Pr 662,Pr 662,Pr 662,Pr 770,Tc 770	mily has Hearing Disa mily has Visual Disabi evious Head Last Nan evious Head First Nan evious Head Middla In Gr. Income Type Social Sec Annualy Inc Idal Employment Income idal Pension Income idal Public Assistance idal Other Income idal Non-Asset Income idal Non-Asset Income idal Annual Income idal Annual Income idal Non-Asset Income idal Annual Income idal Come Umit bernely Low Income L mont Income Status gibility Universe Code c. 9 Assist. 1964 Indic ome Exception Code isce/Security Tenant?	bility?  me ne littal  i D. Income  Code  unity ome	N N N N N N N N N N N N N N N N N N N	54. 55. 56. 56. 56. 56. 56. 56. 56. 56. 56	Number of Number	efits io.  If or C a Expercome y Deduction of Expercome y Deduction amily to the control of the	amily Mendens le Membe M	D D Cashings - Cashing	76.  Banner Ba k of America Bank of Am Banner Ban Value of Ass me from Ass book Rale come from A	0 0 1	58. 59. 63. 64. 65. 65. 65. 65. 65. 65. 65. 65. 65. 65	Expected Far Expected Far Expected Far Previous Hear Previous Hear Far Far Far Far Far Far Far Far Far F	nant P fors O Rent earniber on P p Exerniber of P exerni	Dele attorn 76 cause Vincor 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Pregnancy Foster Cheldr  Cearly The Cheldr  The Cheldr	111.6 1,86 0.00 67	0 0 0 11.5 to the sasted 118.65 100 to 118.55 3.3 to 118.55
08 50,Fe 51,Fe 55,Fe 66, Fr 61, Fr 62, Fr 66, Fr 61, Fr 62, Fr 62, Fr 63, Fr 64, Fr 64	mily has Hearing Disa mily has Visual Disabi evious Head Last Nen evious Head First Nan evious Head First Nan evious Head First Nan evious Head Middla II Section G7. Income Type  Social Sec Annuity Inc  Ial Employment Income ial Pension Income ial Pension Income ial Pension Income ial Public Assistance ial Non-Asset Income al Annual Income w Income Limit ry Low Income Umit remety Low Income Limit remety Low Income Limit remety Low Income State gibility Universe Code c. 8 Assist, 1984 Indic ome Exception Code	bility?  ne ne ne nitial in D. Income Code unity ome Income	N N N N N N N N N N N N N N N N N N N	54. 55. 56. 56. 56. 56. 56. 56. 56. 56. 56	Number of Number	efits io.  If or C  Experies  Experies  Experies  Experies  Experies  Experies  Analytical  Analytical	75. Mbr. No. 11 Che 11 Che 12 Che 13 Sav 14 Sav 15 Actus 15 Assal 15 Assal 16 Member 16 Che 17 Sav 18 Sav 1	D cking - Banings - Baning	76.  Banner Ba k of America Bank of Am Banner Ban Value of Ass me from Ass book Rale come from A	0 0 1	58. 59. 63. 64. 65. 64. 65. 65. 67. 67. 67. 67. 67. 67. 67. 67. 67. 67	Expected Fan Expected Fan Active Full Ce Previous Hea Previous Hea F. Asset In 78. Cash Value  322 3,101 79 296  108.Total Te 109. TTP Be 110.Tenant F 111.Utility Re 112.Assistan 113.Welfare 114.Rant Ou 115.Hardshil	nily Addrily A	Dele action / De	Pregnancy Foster Cheldr  Cearly The  The  The  The  The  The  The  The	111.6 1,86 0.00 67	0 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

	Eliminith	mpilan y	ce		An	d U	rban D	evelopm	ent		8	For f	Persor ssion	to the Fede	ral Go	wammen
OF MARY TERRACE								Unit Numbe	н		Effective Date	-	C 30	Certification	o The	
of Household			-		-		-				SUFERIOR ST					
na Hagariy								Constitution of the second						Tenant Re		GRUFT
	ontinuation P	age: Use	only	when hou	sehol	ri me	mhere in		323		1	35		177.600000000	293	
					ectic	m C	House	old Inform	ser nem	exceed	the space as	dwed	on pa	ge 2		
	35. Eine 44a	Table 1	36.	37.	38.				-	49	1 44	-				
	ras, na	irne	PAI	Rel.	Sex	R	ece Eth.		Special Status	Status	ID Code (SSN)	SSN	Ctzn	47, Alian Reg. Number	48. Age	49. Work Codes
Section	D. Income is	nformet	ion		Н											
67.		70.		71.	o luc	76.	1	78.	- 36			armat	_		+17	
7 77	+	Amou	mt	Claim I	efits 4o.	No.				Status			Actual	Yearly	D	C, ate ested
								***************************************								
	of Project  of Project  Of MARY TERRACE  of Household  ne Hagerly  C  34. Last Name  Section  67.	of Project  OF Project  OF MARY TERRACE  Of Household  na Hagarly  Continuation F  34. 36. Last Name First Na  Section D. Income i	Section D. Income Informat  Section D. Income Informat  67. 70.	Section D. Income Information  57.	Rent Procedures  of Project  OF MARY TERRACE  Of Household  ne Hagarly  Continuation Page: Use only when house  34. S5. S6. 37. Ref.  Last Name First Name MI Ref.  Section D. Income Information  57. 70. 71.  Income Type Code Amount SSN Ban	Rent Procedures  Fec of Project Of MARY TERRACE Of Household ne Hagerly  Continuation Page: Use only when household Section 34. Last Name First Name Mil Ref. Sex  Section D. Income Information 67. 70. 71.	Rent Procedures  Federal of Project OF MARY TERRACE Of Household ne Hagarly  Continuation Page: Use only when household me Section C 34. 35. 36. 37. 38. 3 Last Name Mil Ref. Sex R  Section D. Income Information 67. 70. 71. 75. Income Type Code Amount SSN Banefits Mbr	Rent Procedures  Of Mary Terrace  Of Household ne Hagarry  Continuation Page: Use only when household members, in  Section C, Househ  34. 35. 36. 37. 38. 39. 40.  Last Name First Name Mi Ref. Sex Race Eth.  Section D, Income information  Soft Type Code Amount SSN Benefits Mbr. Claim No. 01 Annuity- 01 Stock-A	Rent Procedures  Office of Housing Commission Federal Housing Commission Of Mark Terrace  Of Household No Hou	Grice of Housing Commissioner of Project Of Marky Terrace Of Household No Hagerly  Continuation Page: Use only when household members, income or asset from Section C. Household information 34.	Rent Procedures  Office of Housing Federal Housing Commissioner  Of Mary Terrace  Of Mary Terrace  Of Household  Total Terrace  Of Household  Total Terrace  Section C. Household Information  34. 35. 36. 37. 38. 39. 40. 41. 42. 43.  Last Name  First Name  MI Rel. Sex Race Eth. Birth Date Special Status  Status  Status  Section D. Income Information  Section I. 77. Income Type Code  Amount  SN Banefits  No. 01 Amount  Office of Household Commissioner  Total Terracy  Total Terracy  And Urban Development  Office of Household  Total Terracy  Total Terracy  Section I. 42. 43.  Status  Status  Status  Status  Office of Household  Total Terracy  Section I. 77. Birth Date Special Status  Status  Status  Status  Office of Household  Total Terracy  Section I. 77. Birth Date Special Status  Status  Status  Office of Household  Total Terracy  Section I. 77. Birth Date Special Status  Status  Status  Office of Household  Total Terracy  Total Terracy  Status  Status  Office of Household  Total Terracy  Total Terracy  Status  Status  Office of Household  Total Terracy  Total Terracy  Status  Status  Office of Household  Total Terracy  Total Terracy  Total Terracy  Status  Status  Office of Household  Total Terracy  To	Rent Procedures  Office of Housing Commissioner  of Project  Of MARY TERRACE  Of Household  Office of House	Rent Procedures  Office of Housing Federal Housing Commissioner  of Project  Of Mary TERRACE  Of Household  Office of Hou	Rent Procedures  Cifico of Housing Commissioner  Of Project  Of MARY TERRACE  Of Household  ne Hagerly  Continuation Page: Use only when household members, income or asset thems exceed the space allowed on particular than the page of	Rent Procedures  Office of Housing Federal Housing Commissioner  Of Mary Terrace  Of Household  Annual Reserved Household  Total Terrant Payment Section C. Household Information  34. S6. 36. 37. 38. 30. 40. 41. Birth Date Special Skirth Sex Race Em. Birth Date Special Skirth Status Status (SSN) Except Code  Number  Section D. Income Information  Office of Housing Commissioner  Tenant Reservation  Tenant Reservation  Section D. Income Information  Section D. Inc	Rent Procedures  Office of Housing Commissioner  Of Project  Of Mary Terrace  Of Housing 310 (310)  Of Mary Terrace  Of Housing 310 (310)  Of Mary Terrace  Of Housing 310 (310)  Office Delta 310 (31

Owner's Certification of Compliance with HUD's Tenant Eligibility and Rent Procedures

#### U.S. Department of Housing And Urban Development Office of Housing Federal Housing Commissioner

NOT for submission to the Federal Government Landlord's Official Record of Certification OMS Approval Number 2502-0204

#### Section A - Acknowledgements

Read this before you complete and sign this form HUD-50059
Public Reporting Burden. The reporting burden for this collection of information is estimated to average 55 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (26020204), Washington, DC 20503. The information is being collected by HUD to determine an applicant's eligibility, the recommended unit size, and the amount the tenant(s) must pay toward rent and utilities. HUD uses this information to assist in managing certain HUD properties, to protect the Government's financial interest, and to verify the accuracy of the information furnished. HUD or a Public Housing Authority (PHA) may conduct a computer match to verify the information you provide. This information may be released in accordance with HUD's Computer Matching Agreement (CMA) between the Social Security Administration and the Department of Health and Human Services. You must provide all of the information requested, including the Social Security Numbers (ISNs), unless exempted by 24 CFR 5.216, you, and all other household members, have and use. Giving the SSNs of all household members, unless exempted by 24 CFR 5.216, is mandatory; not providing the SSNs will affect your eligibility approval. Failure to provide any information may result in a delay or rejection of your eligibility approval.

Privacy Act Statement. The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937, as amended (42 U.S.C. 1437 et. seq.); the Housing and Urban-Rural Recovery.Act of 1983 (P.L. 98-181); the Housing and Community Development Technical Amendments of 1984 (P.L. 98-479); and by the Housing and Community Development Act of 1987 (42 U.S.C. 3543).

Tenant(s)' Certification - I//Ve certify that the information in Sections C, D, and E of this form are true and complete to the best of my/our knowledge and belief. I//Ve understand that I//ve can be fined up to \$10,000, or imprisoned up to five years, or lose the subsidy HUD pays and have my/our rent increased, if I//ve furnish false or incomplete information.

Owner's Certification - I certify that this Tenant's eligibility, rent and assistance payments have been computed in accordance with HUD's regulations and administrative procedures and that all required verifications were obtained.

Warning to Owners and Tenants. By signing this form, you are indicating that you have read the above Privacy Act Statement and are agreeing with the applicable Certification.

False Claim Statement. Warning: U.S. Code, Title 31, Section 3729, False Claims, provides a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages for any person who knowingly presents, or causes to be presented, a false or fraudulent claim; or who knowingly makes, or caused to be used, a false record or statement; or conspires to defraud the Government by getting a false or fraudulent claim allowed or paid.

	Certificatio	n Summery from Page 2		
Name of Project ROSE OF MARY TERRACE		Effective Date 02/01/2017	Certification Type Annual Recertification	Anticipated Voucher Dat 03/01/2017
Head of Household Ulrike Close		Total Tenant Peyment 223	Assistance Payment 235	Tenani Rent 193
Unit Number 314 (3	114)	Extenuating Circumstance	as Code	
	To	nant Signatures	in the second	The state of the s
Head of Household A. Ch.	Date: 2-3-1	Other Adult		Date:
Spouse / Co-Head	Date:	Other Adult		Date:
Other Adult	Date:	Other Adult		Date
Other Adult	Date:	Other Adult		Date:
Other Adult	Date:	Other Adult		Date:
Other Adult	Date:	Other Adult	-	Date:
Other Adult.	Date:	Other Adult		Dete:
	Own	er/Agent Signature		
Owner/Agent Sulviu Re	iks			Date 2-3-17

Previous versions of this form are obsolete.

This form also replaces HUD-50059-D,-E,-F, & -G.

Page 1 of 2

form HUD-50059 (06/2014) HR 4350 3 Rev 1

and	mer's Certifica h HUD's Tenai d Rent Proced	nt Eligibilit	mplian y	Ce	U	An	d Urba Office	n De	nt of Hou evelopm ousing Commission	ent			Fò Subr	r Pers	onal Recom n to the Fed Rec	ieral G	Y - not fo overnme Landlore
1 D-	La de				S	ectle	on B S	umm	ary Inform	ation	STAVE		-		-	-	
1.Pm	Ject Name	200			37333							1					
2 50	mints Time	ROSE OF MAR	YTERRA	CE 1	12.Effective	Date				02/	01/201	7 21. Unit Num	ber			-	314 (31
	osidy Type condary Subsidy Type	Section	n 202 PR		3.Anticipate							7 22 No. of Be		ns		_	214 (31
	perty ID			- 1	4.Next Rec	ertific	ation Date			02/	01/201	8 23.Building	D				
	ject Number		171EE0	-								24.Unit Tran	afer C	ode			
	tract Number	100	A1950510	-	5 Project M						10/201						
_	ect IMAX ID				8 Certification Pro	on ty	ре	_	Annua	Recen	licatio	n 25 Security					2
3.Pla	of Action Code		- CALCIE ID DC		8.Correction			_			_	27,235 Bask		R Rent			1975
).HU	D-Owned Project?				9.EIV Indica		9			_	-	28 Market R					
10.Pr	evious Housing Code			-	O.Prev. Sub	_	hene.		-		_	29.Contract		-			4.
11.Di	splacement Status Co	de		7	Ton out	o oy	ype	-		-		30.Utility Allo		8			
				1			_			-		32. TTP at R	-				4
				0.0	34	ectio	n C. Hai	reah.	old inform	otion	O.	Jaz. HP at H	AD C	anwers	ion		
33 No.	34.	36.		38.	37.	36.	39.	40.	41.	42.	43.	44.	146	100	1	T	
No.	Last Name	First N	ame	M	Rel	Sex		Eth	Birth Date	Special Status	Stdnt Stat	ID Code	46. SSN Excp			48. Age	49. Work Codes
200	Close	Ulrike		A	H-Haad	F	w	2	04/28/1951	EH		638545425				66	and this
02																	
03																-	
05																+	-
06																	
07		-											-				
7.0														_		_	_
80						-											
0.Fa	mily has Mobility Disa mily has Hearing Disa	bility?	N N		Number of					1	57.	Expected Fan	nity Ad	cition	- Adoption		0
50.Fa 51.Fa 52.Fa 50.Pn	mily has Mobility Disa mily has Hearing Disa mily has Visual Disab evicus Head East Nar evicus Head First Nar evicus Head Middle In	ability?		54 55	Number of Number of Number of Number of	Nan- Depe	Family Me Indents	mben	4	1 0 0	58. 59. 63 64	Expected Fan Expected Fan Active Full Ce Previous Head	nily Ad nily Ad nt. Effe	dition dition otiva (	- Pregnancy - Foster Child	ren _	0
50 Fa 51 Fa 52 Fa 50 Pn 51 Pn 52 Pn	mily has Hearing Disa mily has Visual Disab evicus Head Last Nar evicus Head First Nar evicus Head Middle In Section	ability?	N N	54 55 56	Number of Number of	Nan- Depe	Family Me Indents	mben	• _	0 0	58. 59. 63 64 65	Expected Fan Expected Fan Active Full Ce Previous Head Previous Head	nily Ad nily Ad nt. Effe d ID d Birth	dition dition otiva I Date	- Pregnancy - Foster Child		0
50. Fa 51. Fa 52. Fa 50. Pn 51. Pn 52. Pn	mily has Hearing Disa mily has Visual Disab evicus Head Last Nar evicus Head First Nar evicus Head Middle Ir Section 67.	ibility? me me mitial i D. Income in	N N N Iformatio	54 55 56	Number of Number of Number of 69.	Non- Depe Eligib	Family Me indente ils Membe	mben srs	76.	0 0 1	58. 59. 63 64 65 ection 7.	Expected Fan Expected Fan Active Full Ce Previous Head	nily Ad nily Ad nt. Effe d ID d Birth	dition dition octive I Date	- Pregnancy - Foster Child Date		0 0
51 Fa 52 Fa 60 Pn 61 Pn	mily has Hearing Discomily has Visual Discomily has Visual Discomily has Visual Discomily head First Nar avious Head Middle in Section 67.  Income Type	interior in the content of the conte	N N N Iformation	54 55 56	Number of Number of Number of	Non- Depe Eligib	Family Me indents ils Membe	mben srs De	76.	See 7 Stu	63 64 65 0ction 7.	Expected Fan Expected Fan Active Full Ce Previous Hear Previous Hear E. Asset Int 78. Cash Value	rily Ad rily Ad rt. Effe d ID d Birth orma	dition dition otiva I Date	- Pregnancy - Foster Child Date		0 0
50 Fa 51 Fa 52 Fa 60 Pn 61 Pn 82 Pn 86 Mbr. No.	mily has Hearing Disa mily has Visual Disab evicus Head Last Nar evicus Head First Nar evicus Head Middle Ir Section 67.	helity?	N N N Iformation 68. Amoun	54 55 56	Number of Number of Number of SSN Beni	Non- Depe Eligib	Family Me midente ils Membe 76. Mbr. No.	De	76.	Sec 7 Stu	63 64 65 0ction 7.	Expected Fan Expected Fan Expected Fan Active Full Ce Previous Hear Previous Hear Fa. Cesh Value	rily Ad rily Ad rt. Effe d ID d Birth orma	dition dition dition Date tion 79. ctual Yi Incom	- Pregnancy - Foster Child Data	80 Dat	0 0
50. Fa 51. Fa 52. Fa 60. Pn 61. Pn 82. Pn 86. Wbr. No.	mily has Hearing Disa mily has Visual Disab evicus Head Last Nar evicus Head First Nar evicus Head Middle In Section 97. Income Type General Assis	helity?	N N N Iformation 68. Amoun	54 55 56 30	Number of Number of Number of SSN Beni	Non- Depe Eligib	Family Me sidents ile Member 75, Mbr. No.	De ngs -	76.	Sec 7 Stu	58. 59. 63 64 65 oction 7. atus	Expected Fan Expected Fan Active Full Ce Previous Hear Previous Hear E. Asset Int 78. Cash Value	rily Ad rily Ad rt. Effe d ID d Birth orma	dition dition detive ( Date stion 79, ctual Yi	- Pregnancy - Foster Child Data 	80 Dat	0 0
50. Fa 51. Fa 51. Fa 60. Pn 60. Pn 60. Pn 60. Pn 66. No. 01.	mily has Hearing Discomily has Visual Discomily has Visual Discomily has Visual Discomily head First Naravious Head First Naravious Head Middle In Section 07. Income Type  Ganeral Assis Supplemental	ibility?  Illey?  Ine Ine Ine Ine Income in  Code  Securit	N N N Iformation 68. Amoun	54 55 56 30	Number of Number of Number of 89. SSN Bent Claim N	Non- Depe Eligib	75, Mbr. No. 01 Sevi O1 Cher	De ngs - Insura	76. escription Solarity C anco - Ger	0 0 1 1 1 Sec. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	58. 59. 63 64 65 oction 7. atus	Expected Fan Expected Fan Active Full Ce Previous Hear Previous Hear 1 E. Asset Int 78. Cash Value	rily Ad rily Ad rt. Effe d ID d Birth orma	dition dition Date tition 79. ctual Y Incom	- Pregnancy - Foster Child Data 	80 Dar Dives	0 0
50. Fa 51. Fa 52. Fa 60. Pn 60. Pn 60. Pn 66. No.	mily has Hearing Discomily has Visual Discomily has Visual Discomily has Visual Discomily head First Naravicus Head Middle In Section 67. Income Type  Ganeral Assic Supplemental.	me me me militar  D. Income in Code  Stance Securit	N N N Iformation 68. Amoun	54 55 56 30	Number of Number of Number of Number of 69: SSN Benic Claim N	Non- Depe Eligib	76. Mbr. No. 01 Savi Ufe B1. Total ( B2. Actual	De Desh't Incom	76. escription  Solarity C anno - Ger - Solarity  Value of Ags	Sec	58. 59. 63 64 65 oction 7. atus	Expected Fan Expected Fan Active Full Ce Previous Hear Previous Hear 1 E. Asset Int 78. Cash Value	rily Ad rily Ad rt. Effe d ID d Birth orma	dition dition Date tition 79. ctual Y Incom	- Pregnancy - Foster Child Data 	80 Dar Dives	0 0
50. Fa 51. Fa 52. Fa 50. Pn 51. Pn 52. Pn 532. Pn 532. Pn 54. Pn 55. To 50. To 50. To 50. To 50. To	mily has Hearing Disasmily has Visual Disasmily has Visual Disasmily has Visual Disasmily has Visual Head First Naravicus Head Middle In Section 67. Income Type  Ganeral Assissupplemental  al Employment Income all Pension Income tal Public Assistance is a Public Assistance	me me me militar  D. Income in Code  Stance Securit	N N N Iformation 68. Amoun	54 55 56 30	Number of Number of Number of Number of Number of Number of SSN Benic Claim N	Non- Depe Eligib	76. Mbr. No. 01 Savi Cher 01 Cher 01 Cher 03. HUD 183. HU	De Dessib	76. secription Solarity C ance - Ger - Solarity Value of Aass	Sec	58. 59. 63 64 65 oction 7. atus	Expected Fan Expected Fan Active Full Ce Previous Hear Previous Hear 1 E. Asset Int 78. Cash Value	rily Ad rily Ad rt. Effe d ID d Birth orma	dition dition Date tition 79. ctual Y Incom	- Pregnancy - Foster Child Data 	80 Dar Dives	0 0
60. Fa 61. Fa 62. Fa 62. Fa 60. Pn 61. Pn 63. Pn 63. Pn 70. To 70. To 71. To 72. To 73. To 73. To	mily has Hearing Discomily has Visual Discomily has Visual Discomily has Visual Discomily head First Naravicus Head Middle In Section 67. Income Type  Ganeral Assic Supplemental.	ibility?  Illy?  Ine Ine Ine Ine Income in  Code  Securit	N N N Iformation 68. Amoun	54 55 56 30	Number of Number of Number of Number of Number of Number of SSN Benticolaim Number of SSN Bentic	Non- Depe Eligib	75. Mbr. No. Sevi Cher 81. Total (  82. Actual 83. HUD ) 84. Imputs	De Des de la composición del composición de la composición de la composición del composición de la composición del composición de la composición del composición del composici	76. Solarity C Ando - Ger - Solarity Value of Age me from Ase	Sec	58. 59. 63 64 65 oction 7. atus	Expected Fan Expected Fan Active Full Ce Previous Hear Previous Hear 1 E. Asset Int 78. Cash Value	rily Ad rily Ad rt. Effe d ID d Birth orma	dition dition Date tition 79. ctual Y Incom	- Pregnancy - Foster Child Data 	80 Dar Dives Dives	0 0
60. Fa 11. Fa 12. Fa 12. Fa 13. Pn 11. Pn 12. Pn 12. Pn 14. Too 14. Too 14. Too 15. Too 16. To	mily has Hearing Disasmily has Visual Disasmily has Visual Disasmily has Visual Disasmily has Visual Head Middle in Section 97.  Income Type  General Assis Supplemental  all Employment Income all Pension Income all Public Assistance I all Other Income	ibility?  Illy?  Ine Ine Ine Ine Income in  Code  Securit	N N N Iformation 68. Amoun	54 55 56 30	Number of Number of Number of Number of Number of Number of SSN Bent Claim N 0 3,320 430 0 9,300	Non-Depa Eagib	76. Member 76. No. 01 Sevi 01 Ufe 01 Cher 81.Total 0 82.Actual 84.Imput 1 84.Imput 36.Asset	De ngs - nsuracking Cash ' Incor	76. Solarity C anco - Ger - Solarity Value of Assime from Assi	Sec 7 Sta	58. 59. 63 64 65 65 65 65 65 65 65 65 65 65 65 65 65	Expected Fan Expected Fan Active Full Ce Previous Hear Previous Hear 1 E. Asset Int 78. Cash Value	rily Ad rily Ad rt. Effe d ID d Birth orma	dition dition Date tition 79. ctual Y Incom	- Pregnancy - Foster Child Data 	80 Dar Dives Dives	0 0
60. Fea 11. Fea 12. Fea 12. Fea 160. Pho 11. Pho 12. Pho 12. Pho 11. Too 12. Too 13. Too 14. Too	mily has Hearing Disab evicus Head Last Nar evicus Head First Nar evicus Head First Nar evicus Head Middle Ir Section 07. Income Type Ganeral Assis Supplemental Lai Employment Income al Pusic Assistance I al Other Income	ibility?  Illy?  Ine Ine Ine Ine Income in  Code  Securit	N N N Amoun	54 55 56 30 480 690	Number of Number of Number of Number of Number of Number of SSN Benc Claim N 0 8,820 400 0 9,300 Section	Non-Depe Eligible Eli	76. Member	Deanings - nasuracking Cash 'I Incorpassed	76. Solarity C Ando - Ger - Solarity Value of Age me from Ase	Sec 7 Sta	63 64 65 65 65 65 65 65 65 65 65 65 65 65 65	Expected Fan Expected Fan Expected Fan Active Full Ce Previous Hear Previous Hear Fan Fan Cash Value	rily Addition Additio	Date Date 79. Incom 0	Pregnancy Foster Child Data  Bearly he	80 Dar Dives Dives	O C
60 Feat 11 Feat 12 Feat 12 Feat 12 Feat 12 Pm 12 Pm 12 Pm 14 Tm 17	mily has Hearing Disasmily has Visual Disasmily has Visual Disasmily has Visual Disasmily has Visual Head Middle in Section 97.  Income Type  General Assis Supplemental  all Employment Income all Pension Income all Public Assistance I all Other Income	ibility?  Illy?  Ine Ine Ine Ine Income in  Code  Securit	N N N N N Officernation GE. Amount	54 55 56 30 820	Number of Number of Number of Number of Number of Number of San Benic Claim N 0 8,820 490 0 9,300 Section 2.Deduction	Non-Department of the Partment	76. Mbr. No. 01 Sevi 01 Cher 81 Total ( 92.Actual 83.HUD ) 84.Assat	De Dash ' Incon	76. Solarity C anco - Ger - Solarity Value of Assime from Assi	Sec 7 Sta	63 64 65 65 65 65 65 65 65 65 65 65 65 65 65	Expected Fan Expected Fan Expected Fan Active Full Ce-Previous Hear Fas Cash Value 12 34 0	rily Addition Addition Addition Addition Addition Addition Additional Additio	Date Date Tion 79. 000 000 000 000 000 000 000 000 000 0	Pregnancy Foster Child Data Bearly Re	80 Dar Dives Dives	0 0
60. Feat 11. Feat 12. Feat 12. Feat 12. Feat 12. Feat 12. Feat 12. Feat 13.	mily has Hearing Disab avicus Head Last Nar avicus Head First Nar avicus Head First Nar avicus Head Middle Ir Section 07. Income Type Ganeral Assis Supplemental Lai Employment Incoma Lai Pension Income Lai Public Assistance Lai Other Income al Annual Income	ibility?  Illy?  Ine Ine Ine Ine Income in  Code  Securit	N N N Amoun B, 3,3(31,145	54 55 56 480 690 90 97	.Number of .SSN Bent Claim N	Non-Department of the Control of the	76. Mbr. No. 01 Sevi Ufe 81. Total (0 82. Actual 83. HUD ) 84. Imput 84. Asset Millowane benedets base (work base) work work work work work work work work	De D	76. Solarity C anco - Ger - Solarity Value of Assime from Assi	Sects	58, 59, 63, 64, 65, 65, 71, 11, 12, 12, 12, 12, 12, 12, 12, 12, 1	Expected Fan Expected Fan Expected Fan Expected Fan Active Full Ce Previous Hear Fas Cash Value 12 34 0	nity Add the A	Date Date Tion 79. 000 000 000 000 000 000 000 000 000 0	Pregnancy Foster Child Data Bearly Re	80 Dar Dives Dives	0 0 0
60 Feat 11 Feat 12 Fea	mily has Hearing Disa mily has Visual Disab evicus Head East Nar evicus Head First Nar evicus Head Middle Ir Section 67. Income Type General Assis Supplemental cal Employment Income al Pusic Assistance I al Other Income al Non-Asset Income	me me me milia   D. Income in  Code  Stance  Securit	N N N Amoun B, 3,3(31,145	54 55 56 480 690 999 999	Number of Number of Number of Number of Number of Number of San Benc Claim N San Benc Claim N Section Section Section Child Care Child Care Child Care	Non-Department of the Partment	76. Mbr. No. 01 Sevi 01 Ufe 02 Actual 33.HUD 1 36.Asset Micropolations 41.Micropolations 42.Actual 43.HUD 1 44.Micropolations 45.Asset Micropolations 45.Asset	De D	76. Solarity C anco - Ger - Solarity Value of Assime from Assi	Sects	58, 59, 63, 64, 65, 65, 65, 71, 11, 11, 11, 11, 11, 11, 11, 11, 11	Expected Fan Expected Fan Expected Fan Expected Fan Active Full Centrelians Hear Previous Hear Fan	nity Add the A	Date Potion  One of the strict	Pregnancy Foster Child Date  early e	80 Dar Dives Dives	e eted
O. Foa 11. Faa 12. Fa 12. Fa 13. Fa 14. Fa 15. Fa 16. Fa 16. Fa 17. Fa 17. Fa 18. Fa 1	mily has Hearing Disasmily has Visual Head History of Parameters of Para	me me me milia   D. Income in  Code  Stance  Securit	N N N Amoun B, 3,3(31,145	54 55 56 480 480 99 99 10	.Number of .SSN Bent Claim N	Non-Department of the Department of the Departme	76. Mbr. No. Sewi of the term	De D	76. Solarity C anco - Ger - Solarity Value of Assime from Assi	Sects	63 64 65 65 64 65 65 64 65 65 65 65 65 65 65 65 65 65 65 65 65	Expected Fan Expected Fan Expected Fan Expected Fan Active Full Centrelous Heat Previous Heat Fan	nily Add ity Either Add ity Either Add ity Either Add ity Add	Date  Charles  Charle	Pregnancy Foster Child Date  early e	80 Dar Dives Dives	0 0 0
0. Feb. 2. Feb. 2. Feb. 2. Feb. 2. Feb. 3. Total 4. Total 5. Total 5. Total 5. Curi 1. Ellig 5. Curi	mily has Hearing Disasmily has Visual Disasmily has Visual Disasmily has Visual Disasmily has Visual Public Head Head Middle In Section 07. Income Type  General Assis Supplemental Linear Head Public Assistance all Public Assistance all Non-Asset Income all Annual Income Limit y Low Income Limit y Low Income Limit y Low Income Limit promely Low Income Citatus, ibility Universe Code	me me me militar  D. Income in Code stance Securit	N N N Amoun B, 3,3(31,145	54 55 56 480 690 99 10	Number of Number of Number of Number of Number of Number of September	Non-Deperture Eligible  In F. A. For D. Experiments Ex	75. Mbr. No. Sevi of Ufe of Cher	De D	76. Solarity C anco - Ger - Solarity Value of Assime from Assi	Sects	63 64 65 65 64 65 65 65 65 65 65 65 65 65 65 65 65 65	Expected Fan Expected Fan Expected Fan Expected Fan Active Full Ce-Previous Heat Previous Heat Fan	nily Addity Addi	Date  Charles  Charle	Pregnancy Foster Child Date  early e	80 Dar Dives Dives	0 0 0
0. Fes 11. Fes 2. Fes 12. Fes 12. Fes 13. Fes 14. Total 14. Total 15. Total 15. Total 15. Total 15. Total 15. Total 15. Court 15. Court	mily has Hearing Disasmily has Visual Disasmily has Visual Disasmily has Visual Disasmily has Visual Head First Naravicus Head First Naravicus Head Middle Ir Section 07. Income Type  Ganeral Assis Supplemental Income al Pusic Assistance al Pusic Assistance al Non-Asset Income al Non-Asset Income Vincome Limit y Low Income Limit y Low Income Limit y Low Income Code to 8 Assist 1984 Indices Code	me me me militar  D. Income in Code stance Securit	N N N Amoun B, 3,3(31,145	54 55 56 480 690 99 10 10	Number of Number of Number of Number of Number of Number of Section Number of Sectio	Non-Depe Eligible Selfits D. Selfits D. Experimental Expe	76. Mbr. No. 01 Sevi 01 Ufe 01 Cher 81. Total 0 82. Actual 83. HUD 1 84. Imputs 86. Asset Allowance ependents arse (work arse (scho	De D	76. Solarity C anco - Ger - Solarity Value of Assime from Assi	Sects	58. 59. 63. 64. 65. 65. 65. 65. 65. 65. 65. 65. 65. 65	Expected Fan Expected Fan Expected Fan Expected Fan Active Full Centrelous Heat Previous Heat Fan	ant Parameter Advance of the Command Parameter Advance of the Command Parameter Advance of the Command Parameter Par	Date  Charles  Charle	Pregnancy Foster Child Date  early e	80 Dar Dives Dives	0 0 0
O. Festina Francisco Programme Control of the Contr	mily has Hearing Disasmily has Visual Head Middle In Section 67.  Income Type  General Assis Supplemental income all Pusion Income all Pusion Income all Pusion Income all Pusion Assistance Ital Other Income all Annual Income wincome Limit by Low Income Limit by Low Income Limit remaily Low Income Limit remails and Come Section 1984 Income State 1984 Income State 1984 Income State 1984 Income Exception Code 1985 Assist 1984 Incidented Income State 1984 Incidented	me me me militar  D. Income in Code stance Securit	N N N Amoun B, 3,3(31,145	34 55 56.  30 97 60 98 10 10 10 10 10 10 10 10 10 10 10 10 10	.Number of	Non-Depe Eligible Processing Control of the Control	75. Mbr. No. 01 Sevi 01 Cher 81 Total (  82 Actual 83 Hmput 36 Asset whise work anse (scho	De D	76. Solarity C anco - Ger - Solarity Value of Assime from Assi	Sects	58. 59. 59. 63. 64. 65. 65. 65. 65. 65. 65. 65. 65. 65. 65	Expected Fan Expected Fan Expected Fan Expected Fan Active Full Ce Previous Hear Previous Hear Fan	ant Pa ant ant Pa ant Pa a ant Pa a a a a a a a a a a a a a a a a a a	Date Date Tibon O O O O O O O O O O O O O O O O O O O	Pregnancy Foster Child Date  early e	80 Dar Dives Dives	0 0 0
50. Fa 51. Fa 52. Fa 52. Fa 52. Fa 52. Fa 53. Pn 56. Pn 56. Pn 56. Pn 57. To 57. To 57	mily has Hearing Disasmily has Visual Head Middle of 7. Income Type  Ganeral Assistance Income all Public Assistance I all Other Income all Public Assistance I all Other Income all Annual Income all Annual Income I milt by Low Income Limit remely Low Income Limit remely Low Income Status as Assist 1984 India me Exception Code to 8 Assist 1984 India me Exception Code to 8 Security Tenant?	me me me militar  D. Income in Code stance Securit	N N N Amoun B, 3,3(31,145	54 55 56 480 690 98 10 10 10 10	Number of Number of Number of Number of Number of Number of September	efits  o.  for D  Experiment	76. Mbr. No. 01 Sewion 101 Cher 01 Cher 01 Cher 01 Sa. HUD 134. Imputs 36. Asset 131. September 12. September 13.	De nga - nsura king Cash ' Incorpassion (Incorpassion (Inc	76. Solarity C anco - Ger - Solarity Value of Assime from Assi	Sects	58, 59, 59, 59, 59, 59, 59, 59, 59, 59, 59	Expected Fan Expected Fan Expected Fan Expected Fan Active Full Ce-Previous Hear Full Ce-Previous Hear Fan	ant Pa  And	dition dition dition dition dition dition dition dition dition 79.9 dition 79.9 dition	Pregnancy Foster Child Date  early e	80 Dar Dives Dives	0 0
50. Feat 1 Fait	mily has Hearing Disasmily has Visual Head Middle In Section 67.  Income Type  General Assis Supplemental income all Pusion Income all Pusion Income all Pusion Income all Pusion Assistance Ital Other Income all Annual Income wincome Limit by Low Income Limit by Low Income Limit remaily Low Income Limit remails and Come Section 1984 Income State 1984 Income State 1984 Income State 1984 Income Exception Code 1985 Assist 1984 Incidented Income State 1984 Incidented	ibility?  Illy?  Ine Ine Ine Ine Ine Income in  Code Income Income Initial Income Initial Income Initial Income Initial Income Initial Initial Income Initial	N. N	54. 55. 56. 480 890 99 10 10 10 10 10 10 10 10 10 10 10 10 10	Number of San	efits o.  F. F. F. September of the policy o	76. Mbr. No. Sewi of the term	De D	76. Solarity C anco - Ger - Solarity Value of Assime from Assi	Sects	58, 59, 58, 59, 59, 59, 59, 59, 59, 59, 59, 59, 59	Expected Fan Expected Fan Expected Fan Expected Fan Active Full Centrol Feat Fan	ant Pa ant Pa ant Pa comma Arc  Arc  Arc  Arc  Arc  Arc  Arc  Arc	dition dition active I Date I Date I Tion 79. Study Y Incom 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Pregnancy Foster Child Date  early he  Requires	80 Dar Dives Dives	0 0 0

Owner's Certification of Compliance with HUD's Tenant Eligibility and Rent Procedures

#### U.S. Department of Housing And Urban Development

Office of Housing Federal Housing Commissioner

NOT for submission to the Federal Governmen Landlord's Official Record of Certification OMB Approval Number 2502-0204

Section A - Acknowledgements

Read this before you complete and sign this form HUD-50059 Public Reporting Burden. The reporting burden for this collection of information is estimated to average 55 minutes per response, Public Reporting Burden. The reporting burden for this collection of information is estimated to average 55 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (25020204), Washington, DC 20503. The information is being collected by HUD to determine an applicant's eligibility, the recommended unit size, and the amount the tenant(s) must pay toward rent and utilities. HUD uses this information to assist in managing certain HUD properties, to protect the Government's financial interest, and to verify the accuracy of the information furnished. HUD or a Public Housing Authority (PHA) may conduct a computer match to verify the information you provide. This information may be released in accordance with HUD's Computer Matching Agreement (CMA) between the Social Security Administration and the Department of Health and Human Services. You must provide all of the information requested, including the Social Security Numbers (SSNs), unless exampted by 24 CFR 5.216, you, and all other household members, have and use. Giving the SSNs of all household members, unless exampted by 24 CFR 5.216, is mandatory; not providing the SSNs will affect your eligibility approval. Failure to provide any information may result in a delay or rejection of your eligibility approval.

Privacy Act Statement. The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937, as amended (42 U.S.C. 1437 et. seq.); the Housing and Urban-Rural Recovery Act of 1983 (P.L. 98-181); the Housing and Community Development Technical Amendments of 1984 (P.L. 98-479); and by the Housing and Community Development Act of 1987 (42 U.S.C. 3543).

Tenant(s)' Certification - I/We certify that the Information in Sections C, D, and E of this form are true and complete to the best of my/our knowledge and belief. I/We understand that I/we can be fined up to \$10,000, or imprisoned up to five years, or lose the subsidy HUD pays and have my/our rent increased, if I/we furnish false or incomplete information.

Owner's Certification - I certify that this Tenant's eligibility, rent and assistance payments have been computed in accordance with HUD's regulations and administrative procedures and that all required verifications were obtained.

Warning to Owners and Tenants. By signing this form, you are indicating that you have read the above Privacy Act Statement and are agreeing with the applicable Certification.

False Claim Statement. Warning: U.S. Code, Title 31, Section 3729, False Claims, provides a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages for any person who knowingly presents, or causes to be presented, a false or fraudulent claim; or who knowingly makes, or caused to be used, a false record or statement; or conspires to defraud the Government by getting a false or fraudulent claim allowed or paid.

	Certification St	mmary from Page 2		
Name of Project ROSE OF MARY TERRACE		Effective Date 09/01/2017	Certification Type Annual Recertification	Anticipated Voucher Date 08/01/2017
Head of Household Jennie Pelson		Total Tenant Payment 391	Assistance Payment 67	Tenant Rent 351
Unil Number 315 (31:	5)	Extenuating Circumstance	es Code	
	Tenant	6 Signatures		
Head of Household	Date: 7-10-17	Other Adult		Date:
Spouse / Co-Head	Date	Other Adult	A THE WAY TO SHARE	Date:
Other Adult	Date:	Other Adult		Date:
Other Adult	Date:	Other Adult		Date:
Other Adult	Date:	Other Adult		Date:
Other Adult	Date:	Other Adult		Date:
Other Adult	Date	Other Adult		Date.
	Owner/A	gent Signature		
Owner/Agent With Reits				7-10-17

This form also replaces HUD-50059-D,-E,-F, & -G.

Page 1 of 2

HB 4350.3 Rev 1

#ID	mer's Certificat h HUD's Tenan i Rent Procedu	t Eligibility	Eance	ı	And	Urbar	of He	t of Head veloping ouring ommission	ent			For Subm	Perso	nal Records to the Fede Reco	rai Go	- not for vernmen andlered
			100000		leedo	n B St	aven	ery inform	milion			Page				9.00
.Po	yect Name				Market V			-	-				-		- Carlot	01000
		ROSE OF MARY TE	ERRACE	12 Effective	Date				09/0	1/2017	21. Unit Numi	ber			-	315 (315
2.80	beidy Type	Section 20	2 PRAC	13 Anticipa	ted Vou	cher Date					22.No. of Box		2	-		419 (010
	condary Subsidy Type			14.Next Re	certifica	ition Date			-	_	23. Building II	THE RESERVE				No Hall
WHITE	openty ID					a processor in	- 203	units a size	1000		24.Unit Trans	ster Co	ode			
-	ject Number			15.Project f					09/0	9/2016	25.Previous	Unit N	0.	and the same of		
_	ntract Number			16 Certifics				Annua	Recent	fication	26.Security D	)aposi	t			38
-	ojeci iMAX ID	TRAC	2M08086	17 Action P					C. T. III VAK	- chickery	27.238 Basic	PEMAR	Rent			
-	in of Action Code	· · · · · · · · · · · · · · · · · · ·		18.Corrects							28.Market Re	DATE.				
-	ID-Owned Project?			19.EIV Indi							29.Contract I	Rent		CE INVESTIGATION	The state of	42
	revious Housing Code		HOUSE ST	20.Prev. Su	baidy T	ype				March 1	SO. Utility Alto					3
11.0	ispiscement Status Co.	ie	00-	S							31.Gross Re	nt				45
			-			1- 1-5110		s-leni-de		Yang.	32. TTP at R	AD G	inversi	on		
-						THE RESERVE OF THE PERSON NAMED IN	-	old Inform	Spinote-Market	1100		5-2		3 4 4 4	ANCIA	
33. No.	34. Last Name	S5. First Name	e   36		36. Sex	39. Race	40. Eth.	41. Birth Date	42. Specie Status	43. Stdnt Stat	44. ID Code (SSN)	45 SSN Exep	46. Oten Code	47. Alien Reg. Number	48. Age	49. Work Codes
01	Pelson	Jennie	L	H-Head	F	W	2	08/18/1946	E		541443646		EC		71	
02		1		1	-	-	1		-	-			-			
03				1	+		+	-	-	-	_	-	-		-	
04			-	1	+	-	+		-	-		-	-			
05		C C C C C C C C C C C C C C C C C C C	+	1			+		-			-	-		-	
90							1	(C-1	-						-	-
07																
W	District Control of the Control of t			1	+		1							THE RESERVE		
DB 50.5	amily has Mobility Diss amily has Hearing Diss	bility?	N	53.Number	of Non-	Family Ma			1 0	58.	Expected Far Expected Far	nity Ad	dison -	Pregnancy		0 -
50.5 51.6 52.6 50.6 50.6		bility?	N		of Non- of Dape	Femily Me Industs	mben	•		58. 59. 63. 64.	Expected Fan Expected Fan Active Full Ce Previous Hea	nily Ad nily Ad et. Effi d ID	idition - idition -	Pregnancy Foster Childre	en I	0
50.5 51.6 52.6 50.1 50.1	amily has Hearing Diss amily has Visual Disab Previous Head Last Nar Previous Head First Nar Previous Head Middle In	belity?  inty?  interpolation	N N	54 Number 55 Number 56 Number	of Non- of Dape	Femily Me Industs	mben	• =	0 0 1	58. 59. 63. 64. 65	Expected Far Expected Far Active Full Ce Previous Hea Previous Hea	nily Ad nily Ad art. Effo d ID d Birth	idition - idition - ective ( n Date	Pregnancy Foster Childre	-	0
50.5 51.5 52.5 50.5 50.5 51.5	amily has Hearing Diss amily has Visual Disab revious Head Last Nan revious Head First Nan revious Head Middle in Section 67.	bility? shy? ne ne nitia 1 D. Imsame Info	N N	54 Number 55 Number 56 Number	of Non- of Dape of Bigs	Femily Me Industs	ember ers	76. Description	0 0 1	58. 59. 63. 64. 65	Expected Fan Expected Fan Active Full Ce Previous Hea	nity Ad nity Ad art. Effe d ID d Birth	idition - idition - ective ( n Date	Pregnancy Foster Children Child	-	- C
50.5 51.5 52.5 50.5 66.6 Miss	amily has Hearing Diss amily has Visual Drasb revious Head Last Nar revious Head First Nar revious Head Middle in Section 67.	heithy?	N N	54. Number 55. Number 56. Number 6. SSN 9 Claim	of Non- of Dape of Bigs	Family Ma indicate sie Membe 76. Mbr. No.	ers C	76.	0 0 1	58. 59. 63. 64. 65. 66.	Expected Far Expected Far Active Full Ce Previous Hea Previous Hea E. Asset In 78.	nity Ad nity Ad art. Effe d ID d Birth	dision - idmion - ective ( n Date attion) 79 kctual 1	Pregnancy Foster Childre Date  Fearly ne	80 Da	- G O
08 50.5 51.5 50.5 60.5 60.5 60.5 60.5 60.5 60.5 70.5 70.5 70.5 71.7	amily has Hearing Diss amily has Visual Dissi amily has Visual Dissi revious Head List Nan revious Head First Nan revious Head Middle in Section 67. Income Type Pansion Social Sec	he he had a he	matter 68. Amount	64. Number : 55. Number : 56. N	of Non- of Dape of Bigs	76. Montos 81. Total 82. Actus 83. HUD	Cash Pass	76. Jesoription Je	0 0 1	58. 50. 63. 64. 85. bettlem	Expedied Far Expedied Far Active Full Ce Previous Hea Previous Hea E. Asset In 78. Cash Value	nity Ad nity Ad art. Effe d ID d Birth	dision - idision	Pregnancy Foster Childr Date	80 Dae Dave:	O O O O O O O O O O O O O O O O O O O
08 60.552.5 60.552.5 60.552.5 60.552.5 60.552.5 60.770.770.770.773.773.	amily has Hearing Diss amily has Visual Dissib revious Head List Nar revious Head First Nar revious Head Middle it Section 67. Income Type Pension Social Sec	belity?  The me  The m	matter 68. Amount	94 Number 158 Number 1	of Non- of Depth of Bight	76. Morning Member 176. Morning Member 176. Morning 176.	Cashool thou	76, tescription - Value of Assume from Ass	O O O O O O O O O O O O O O O O O O O	68, 63, 64, 66, 66, 66, 66, 66, 66, 66, 66, 66	Expedied Far Expedied Far Active Full Ce Previous Hea Previous Hea E. Asset In 78. Cash Value	nity Ad nity Ad art. Effe d ID d Birth	dision - idision	Pregnancy Foster Childr Date	SC Dae	0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
08 50.5 51.5 50.5 60.5 60.5 60.5 60.5 60.5 60.5 60	amily has Hearing Diss amily has Visual Diss amily has Visual Diss revious Head List Nar revious Head First Nar revious Head Middle in Section 67. Income Type Pension Social Sec Total Employment Incor- rotal Pension Income Total Pension Income Total Other Income	belity?  The me  The m	N N N N N N N N N N N N N N N N N N N	94 Number 158 Number 1	of Non- of Dage of Bigs ).	76. Morrison Office Manual Property Manual Pro	Cashing Pass and I had	76. Description - Wells Far Value of Assome from Assobook Rate book Rate come from A	O O O O O O O O O O O O O O O O O O O	68, 63, 64, 66, 66, 66, 66, 66, 66, 66, 66, 66	Expedied Far Expedied Far Active Full Ce Previous Hea Previous Hea E. Asset In 78. Cash Value	nnily Ad ant. Efficient of ID d Birth	distantion distantion of the control	Pregnancy Foster Children  Searchy ne	80 Dave:	0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
08 50.551.652.5 501.662.5 662.6 662.6 663.6 663.6 663.6 70.7 772.7 773.7 774.	amily has Hearing Diss amily has Visual Dissi amily has Visual Dissi revious Head List Nar revious Head Middle it Section  Francisco Francisco Food Employment Incor- food Persion Income Total Persion Income Total Other Income Total Other Income Total Non-Asset Income	belity?  The me  The m	N N N N N N N N N N N N N N N N N N N	94 Number 158 Number 1	of Non- of Dage of Bigs ) ) ) ) ) ) ) ) ) ) ) ) ) ) ) ) ) ) )	76. Morrison Office Management of the Management	Cash of hose Peas Not Inco	76. Description - Wells Far Value of Assome from Assobook Rate book Rate come from A	O O O O O O O O O O O O O O O O O O O	63, 64, 66, 66, 66, 66, 66, 66, 66, 66, 66	Expected Fan Expected Fan Active Full Ce Previous Hea Previous Hea E. Asset in 78. Cash Velue	nem P	Idison- idison- idison- Date Date Malient 79 Clust Incor	Pregnancy Foster Children  State  Gearly ne	80 Dave:	0 0 1 1 1 1 1 1 5 5
08 50.551.652.6 50.1.662.6 660	amily has Hearing Diss amily has Visual Dissi revious Head Last Nar revious Head First Nar revious Head Middle in Section Income Type Pension Social Sec Fotal Employment Income Total Pension Income Total Pension Income Total Pension Income Total Other Income Total Non-Asset Income Total Annual Income	belity?  The me  The m	N N N N N N N N N N N N N N N N N N N	97. Deduct	of Non- of Depth Digital States of Digital States of Digital States of No.	76. Member 176. Me	Cashing Cashing Page 1	76. Description - Wells Far Value of Assome from Assobook Rate book Rate come from A	O O O O O O O O O O O O O O O O O O O	58. 59. 63. 64. 66. 65. 65. 65. 65. 65. 65. 65. 65. 65	Expected Fan Expected Fan Active Full Ce Previous Hea Previous Hea Expect in 78. Cash Value 475	nity Ad nity Ad ert. Effe d ID d Birth Scena.	Idison- idison- idison- Date Date Malient 79 Clust Incor	Pregnancy Foster Children  State  Gearly ne	80 Dave:	0 0 1 1 1 1 1 1 5 5
08 50.55 51.55 60.55 60.55 60.55 60.55 60.75 60.75 70.77 71.77 72.77 74.88	amily has Hearing Diss amily has Visual Diss amily has Visual Diss revious Head Erst Nar revious Head Middle it Section 67. Income Type Pansion Social Sec lotal Employment Income Total Pansion Income Total Pansion Income Total Other Income Total Non-Asset Income Total Annual Income Section Income Total Annual Income Total Other Income	bally? any?  The me minus into a D. Insource and o  Code  In writy  In the minus and o  In the minus a	N N N N N N N N N N N N N N N N N N N	94. Number 158. Nu	of Non- of Depth D	76 Mor. No. 101 Che 81 Total 82 Actus 83 HUD 84 Impu 85 Asse Altoward Sepander of the sepander	Cashing Cashing Page 1	76. Description - Wells Far Value of Assome from Assobook Rate book Rate come from A	O O O O O O O O O O O O O O O O O O O	58. 59. 63. 64. 65. 65. 65. 65. 65. 65. 65. 65. 65. 65	Expected Fan Expected Fan Active Full Ce Previous Hea F. Asset in 78. Cash Value 475	nity Ad nity Ad ort. Effe of ID d Birth A A next P store O Rent elimbur	dision-idisi	Pregnancy Foster Children  Pearly ne  t	80 Dave:	0 0 1, the sleet
08 50.55 51.55 50.55 60.	amily has Hearing Diss amily has Visual Dissi amily has Visual Dissi amily has Visual Dissi revious Head List Nar revious Head First Nar revious Head Middle in Section 67. Income Type Pension Social Sec Income Pension Fotal Employment Income Fotal Mon-Asset Income Dist Public Income Limit Service Income Limit Extremely Low Income Limit Extremely Low Income Extrue	belity?  The me initial initia initial initial initial initial initial initial initial initial	N N N N N N N N N N N N N N N N N N N	99. Child C	of Non- of Dependence of Digital   )  )  profits in No.	76. Mbr. No. 01 Che 81 Total 82 Aotus 83 HUDD 84 kmpu 85 Asse Altoward Dependent emergaches	Cashing Cashing Page 1	76. Description - Wells Far Value of Assome from Assobook Rate book Rate come from A	O O O O O O O O O O O O O O O O O O O	58. 59. 63. 64. 65. 65. 65. 65. 65. 65. 65. 65. 65. 65	Expected Fan Expected Fan Active Full Ce Previous Hea Previous Hea Expected Fan 76 Cash Value 476  108. Total Te 110. Tenant I 111. Unity Ru 112. Assistan	nity Ad nity Ad ort. Effe of ID d Birth A A anext P store O Rent elimbur	dision-idisi	Pregnancy Foster Children  Pearly ne  t	80 Dave:	0 0 1, the sked
66 Miss No. 01 70. 774. 773. 774. 88. 89. 991.	amily has Hearing Diss amily has Visual Dissi amily has Visual Dissi amily has Visual Dissi revious Head List Nar revious Head First Nar revious Head Middle it Section 87. Income Type Pansion Social Sec Fotal Employment Income Total Parsion Income Total Parsion Income Total Other Income Total Other Income Total Other Income Total Annual Income Limit Extremely Low Income Limit Extremely Low Income Status Eligibility Universe Code	belity?  The me me may be a series and o code of the c	N N N N N N N N N N N N N N N N N N N	94. Number 55. Number 55. Number 55. Number 55. Number 55. Number 656. Number	in the second se	76. Mor. No. Other Research Communication of China Research	Cashing Cashing Page 1	76. Description - Wells Far Value of Assome from Assobook Rate book Rate come from A	O O O O O O O O O O O O O O O O O O O	58. 59. 63. 64. 65. 65. 65. 65. 65. 65. 65. 65. 65. 65	Expected Far Expected Far Expected Far Expected Far Active Full Ce Previous Healer Far Active Full Cash Velue 475  100. Total Te 100. TTP Be 110. TTP Be 110. TTP Be 111. Utility Ru 112. Assistant 113. Westere 113. Westere	neity Additional Addit	distriction of the control of the co	Pregnancy Foster Children  Pearly ne  t	80 Dave:	0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
66 MS NO 01 01 70: 774. 88. 89. 991. 82.	amily has Hearing Diss amily has Visual Dissi amily has Visual Dissi amily has Visual Dissi revious Head Last Nar revious Head First Nar revious Head Middle it Section Pension Social Sec Pension Income Total Employment Income Total Pension Income Total Pension Income Total Other T	belity?  The rise in the rise	N N N N N N N N N N N N N N N N N N N	93. Number 55. Number	of Non- of Dage of Bigit  and Big	76. Mor. No. Other St. Notes at 1. Total at 2. Actus at 1. Mor. St. Actu	Cashing Cashing Page 1	76. Description - Wells Far Value of Assome from Assobook Rate book Rate come from A	O O O O O O O O O O O O O O O O O O O	68. 59. 63. 64. 65. 65. 65. 65. 65. 65. 65. 65. 65. 65	Expected Fan Expected Fan Expected Fan Active Full Ce Previous Hea Fire Asset In 78. Cash Value 475  108. Total Te 109. TEP Be 110. Tenant I 111. Unity Ri 112. Assistan 113. Welfare 111. Welfare	nent P  Rent Pent Pent Pent Pent Pent Pent Pent P	distantion distantion of the section	Pregnancy Foster Children  Pearly ne  t	80 Dave:	0 0 1, the sked
66 66 Miss No. 01 70 772 773 774 88 99 91 92 93 1	amily has Hearing Diss amily has Visual Drash revious Head List Nan revious Head List Nan revious Head First Nan revious Head Middle in Section 67. Income Type Pansion Social Sec Pansion Income Total Employment Income Total Public Assistance Total Non-Asset Income Deal Non-Asse	bally?  any?  The particular of the particular o	N N N N N N N N N N N N N N N N N N N	97. Deduct 99. Child C 99. Child C 102. Disabi 102. Disabi 102. Disabi 102. Disabi 103. Medic 104.	of Non- of Dage port of Bigit  and Bigit  an	76. Mor. No. 01 Che 81. Total 82. Actus 83. HUD 84. Mpu 85. Asse Allowed Perse No. 01 Che 185. Asse No. 01 Che 185	Caehood Peass (k)	76. Description - Wells Far Value of Assome from Assobook Rate book Rate come from A	O O O O O O O O O O O O O O O O O O O	68. 59. 63. 64. 65. 65. 65. 65. 65. 65. 65. 65. 65. 65	Expected Fan Expected Fan Expected Fan Active Full Ce Previous Hea Finance Hea	neity Additional Addit	distantion distantion of the control	Pregnancy Foster Children  Pearly ne  t	80 Dave:	0 0 1, the saled
05 50.552.552.552.552.552.552.552.552.552.5	amily has Hearing Diss amily has Visual Dissi amily has Visual Dissi amily has Visual Dissi amily has Visual Dissi revious Head List Nar revious Head List Nar revious Head Middle in Social 87. Income Type Practical Social Sec Social Sec Income Type Practical Properties Income Total Practical Income Total Public Assistance Total Other Income Total Non-Asset Income Dissi Non-Asset Income Limit Arry Low Income Limit Extremely Low Income Limit Extremely Low Income Limit Extremely Low Income Code Sec. 8 Assist 1984 Incide Posical Security Tanant?	bally?  any?  The particular of the particular o	N N N N N N N N N N N N N N N N N N N	9 Child C 100. 3% of 101. Disabil 102. Medicid 103. Medicid 103. Medicid 104. Medicid 106. Essent 106.	on for It is to be a second of the second of	76. Mon. Proceedings of the Market No. Proceedings of the Market N	Caehood Peass (k)	76. Description - Wells Far Value of Assome from Assobook Rate book Rate come from A	O O O O O O O O O O O O O O O O O O O	68. 56. 63. 84. 65. 65. 65. 65. 65. 65. 65. 65. 65. 65	Expected Fan Expected Fan Expected Fan Active Full Ce Pravious Healer Fundament Fan Fundament Fan Fundament Fan Fundament Fund	nent Palere Officers  A series of the control of th	distantion distantion of the section	Pregnancy Foster Children  Party Par	80 Dave:	0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
05 50.552.552.552.552.552.552.552.552.552.5	amily has Hearing Diss amily has Visual Drash revious Head List Nan revious Head List Nan revious Head First Nan revious Head Middle in Section 67. Income Type Pansion Social Sec Pansion Income Total Employment Income Total Public Assistance Total Non-Asset Income Deal Non-Asse	bally? asy?  ne ne ne ne nisital n Di. Insocrete ando Code  st sunty  ne lincome	N N N N N N N N N N N N N N N N N N N	97. Deduct 99. Child C 99. Child C 102. Disabi 102. Disabi 102. Disabi 102. Disabi 103. Medic 104.	of Non- of Depth  of Bigits  in the second of	76. Mbr. No. 81 Total 82 Actus 83 HUD 84 Impu 85 Asse Altowan benederived benese (wor benese (wor benese)	Cashing Passined in the test is the test in the test i	76. Description - Wells Far Value of Assome from Assobook Rate book Rate come from A	O O O O O O O O O O O O O O O O O O O	68. 59. 63. 64. 66. 65. 66. 66. 66. 66. 66. 66. 66. 66	Expected Fan Expected Fan Expected Fan Active Full Ce Previous Hea Finance Hea	nent P  Rent P  Cy Chec	distantion	Pregnancy Foster Childr  Pearly ne  t  Required	80 Dave:	0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

This form also replaces HUD-50069-D,-E,-F, & -G.

HS 4350.3 Ray 1

ROGE OF MARY TERRACE Household		Effective Code 19/01/2016	Carolication Type Annual Reportsication	Articipated Vol.	w Date
Caren Conney		Total Tanant Payment	Assistance Payment	Yenne Per	-
Unit Number		118	342	<b>**</b>	
544 (541)	22-10-12-13-13-13-13-13-13-13-13-13-13-13-13-13-	Salanusing Creumstans			
Heary of Type degree	Toronto.	Signatures	BANK SAN	MUPPHIC TO THE	A CONTRACT
Hanger Brage Corne	11/2/16	Other Acult		Date:	
	Dale:	Other Adult		Date	-
CoorAdult	Date:	Other Adult		Conne:	
Other Adult	Signar .	Other Adult		Sang.	
Other Adult	Didg	Other Adult	- ÷	Dolor	-
Other Adult	Deter	Other Adult			
Other Adult			710 7 68	Camble:	
	Date	Other Agust		Drake:	
	(Controllée	on Standard Co. 18	San Calabania	ALTERNATIVE AND A	18 10 40
Bylica Bechs	WOMEN CONTRACTOR			Deap // - 0.0	16-
Provious vérsions of this form are obsoless. This form also replaces HUO-50059-DE,-F, & -C	Page	1 of 24.		form HUC-50059	and the second

Owner's Certification of Compliance with HUD's Tenant Eligibility and Rent Procedures

#### U.S. Department of Housing And Urban Development

Office of Housing Federal Housing Commissioner NOT for submission to the Federal Government Landford's Official Record of Certification OMB Approval Number 2602-0204

Section A - Acknowledgements

Read this before you complete and sign this form HUD-50059

Public Reporting Burden. The reporting burden for this collection of information is estimated to average 55 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (25020204), Washington, DC 20503. The information is being collected by HUD to determine an applicant's eligibility, the recommended unit size, and the amount the tenant(s) must pay towerd rent and utilities. HUD uses this information to assist in managing certain HUD properties, to protect the Government's financial interest, and to verify the accuracy of the information furnished. HUD or a Public Housing Authority (PHA) may conduct a computer match to verify the information you provide. This information may be released in accordance with HUD's Computer Matching Agreement (CMA) between the Social Security Administration and the Department of Health and Human Services. You must provide all of the information requested, including the Social Security Numbers (SSNs), unless exempted by 24 CFR 5.216, you, and all other household members, have and use. Giving the SSNs of all household members, unless exempted by 24 CFR 5.216, is mandatory; not providing the SSNs will affect your eligibility approval. Failure to provide any information may result in a delay or rejection of your eligibility approval.

Privacy Act Statement. The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937, as amended (42 U.S.C. 1437 et. seq.); the Housing and Urban-Rural Recovery Act of 1983 (P.L. 98-181); the Housing and Community Development Technical Amendments of 1984 (P.L. 98-479); and by the Housing and Community Development Act of 1987 (42 U.S.C. 3543).

Tenant(s)' Certification - I/We certify that the information in Sections C, D, and E of this form are true and complete to the best of my/our knowledge and belief. I/We understand that I/we can be fined up to \$10,000, or imprisoned up to five years, or lose the subsidy HUD pays and have my/our rent increased, if I/we furnish false or incomplete information.

Owner's Certification - I certify that this Tenant's eligibility, rent and assistance payments have been computed in accordance with HUD's regulations and administrative procedures and that all required verifications were obtained.

Warning to Owners and Tenants. By signing this form, you are indicating that you have read the above Privacy Act Statement and are agreeing with the applicable Certification.

False Claim Statement. Warning: U.S. Code. Title 31, Section 3729, False Claims, provides a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages for any person who knowingly presents, or causes to be presented, a false or fraudulent claim; or who knowingly makes, or caused to be used, a false record or statement; or conspires to defraud the Government by getting a false or fraudulent claim allowed or paid.

	Certification Su	mmary from Page 2		
Name of Project ROSE OF MARY TERRACE		Effective Date 06/08/2017	Certification Type Move-In	Anticipated Voucher Date 08/01/2017
Head of Household Reynaldo Mondaça		Total Tenant Psyment 229	Assistance Payment 229	Tenant Rent
Unit Number 211 (211)		Extenuating Groumstand		
	/ / Jenant	Signatures		
Head of Household RM	Date ( )	G <sub>E</sub> Other Adult		Date:
Spouse College // Will U	Date. 1/	Other Adult		Date
Other Adult	Date:	Other Adult		Date:
Other Adult	Date	Other Adult		Date:
Other Adult	Date	Other Adult	THE MILE WAS ARREST	Date:
Other Adult	Date	Other Adult		Date:
Other Adult	Date	Other Adult	***	Date
AND SERVICE OF THE SE	OwneriAg	ent Signature		
Owner/Agent Sylvia Beits			WIN	Date 6-8-17
Previous versions of this form are obsolete.	Pag	e 1 of 2	VI - CONTROL - NO SAN - CONTROL - - CONTR	form HUD-50059 (06/201

HB 4350 3 Rev 1

This form also replaces HUD-50059-D.-E.-F. & -G.

	mer's Certifica h HUD's Tenar d Rent Procedu	t Eligibilit	mplianc y	0		And	Urt	oan De	t of Hou evelopme ousing commission	ent					nai Record to the Fed Reco	eral Go	
30,00				-05111	So	etior	B.	Summ	ary inform	ation				VALUE OF			
Pro	ed Name			L				La Masa		4 7970		<u></u>	iotal and	11000	A	10.5	
- Miles	The same of the sa	ROSE OF MAR		_	2. Effective C	-				The Real Property lies		21.Unit Numi	-				211 (211
-	baidy Type	Section	on 202 PRA	905	3. Antic pater	-	-	-		Contract wind property		22.No of Bed		5			-
-	condary Subsidy Type			1/4	Next Rece	rtifica	tion D	ate		06/0	1/2016	23.Building it	-				
-	operty ID oject Number	-	171550	2011	Florings 31.		Conta	-		000	00047	24.Unit Trans 25.Previous I		-			-
-	ntract Number	VA.	A1980510	_	5 Project Mo 5 Cartificatio		_	92411-00476				26 Security D			-		200
-	oject MAX ID		The second second second	-	Action Pro		-		100000	-	NO AG-III	27.238 Basic	-	the state of the s	-	-	22
TO PERSONAL PARTY	on of Action Code		100	-	B.Correction	-			1			28.Market Re					
HL	ID-Owned Project?			_	9.EIV Indica	45.	eg III		11000	STATE		29. Contract I	Rent		****		42
10.P	revious Housing Code		Standa	nd 21	D.Prev. Subs	idy T	me	s-sifemen	- MOS - 12		with the same	30 Utility Allo	wance				3
11 D	splacement Status Co	de 1	Not Displace	ed	SERVINO AND SE			A DELIVER THE	28/25/15/17/07		0.0000	31.Gross Re	nt				45
_			-				-					32 TTP at R	AD Co	nversi	an		
-	particular and the second					-		-	old inform	-							
33. No.	34. Last Name	First P		36. MI	37 Rel	38. Sex	Ra	9. 40. Ide Eth		42 Special Status	43. Stont Stat.	44 ID Code (SSN)	88N Excp	46 Ctzn Code	47. Alien Reg. Number	48. Age	49. Work Codes
01	Mondaca	Reynaldo		C	H-Head	M	y	y 1	07/17/1931	EH		555481879				85	
02					AT		-				1						
03																	
04					DE OSCIONA STATE					1							7,111
06						-				-	-					-	
-										-	-		-	_		-	-
07						1											
57.F	amily has Mobility Disa amily has Hearing Disa amily has Visual Disas	ability?	N N	54	.Number of .Number of .Number of	Non-l Depe	amil nden	y Membe Is	  s	1 0	58	Expected Far Expected Far Expected Far	nily Ad	dition -	Pregnancy	ren	0
38 50,6 51,6 52,6 60,6	amily has Hearing Dis emily has Visual Disal Previous Head Last Na Previous Head First Na	ability? xillty? me	N	54	Number of	Non-l Depe	amil nden	y Membe Is	150	0	58 59 63 64	Expected Far Expected Far Active Full Ce Previous Hea	nily Ad nily Ad art Effi d ID	dition -	Pregnancy Foster Child		0
38 50,6 51,6 52,6 60,6	amily has Hearing Dis emily has Visual Disal Previous Head Last Na Previous Head First Na Previous Head Middle	ability? bility? ime ime initial	N N	54 55 56	.Number of .Number of	Non-l Depe	amil nden	y Membe Is		0 0	58 59 63 64 65	Expected Far Expected Far Active Full Ce Previous Hea Previous Hea	nily Ad nily Ad art Elfa d ID d Birth	dition difference of the control of	Pregnancy Foster Child Date		0
38 50,6 51,6 52,6 60,6	amily has Hearing Dis emily has Visual Disal Previous Head Last Na Previous Head First Na Previous Head Middle	ability? cillty? inte ime	N N	54 55 56	.Number of .Number of	Non-l Depe	amil nden	y Membe Is	76	0 0	58 59 63 64 65	Expected Far Expected Far Active Full Ce Previous Hea	nily Ad nily Ad art Elfa d ID d Birth	dition difference of the control of	Pregnancy Foster Child Date		0
98 50,F 51,F 52,F 60,F 31,F 62,F 86,Mbr No	amily has Hearing Dis amily has Visual Disat Previous Head Last Ne Previous Head First Na Previous Head Middle I Sectio Income Typ	ability? pility? prine prine printial printial printial printial printial	N N Informati 68 Amour	54 55 56	.Number of .Number of .Number of .Number of .SSN Ber Claim I	Non-I Depe Eligib	amil nden le Me	y Mamba ts mbers	76. Description	0 0 1	63 64 65. ection	Expected Far Expected Far Active Full Ce Previous Hea Previous Hea E. Asset In 78 Cash Value	nilly Ad nilly Ad art Elfa d ID d Birth	dition dition dition dition dition	Pregnancy Foster Child Date		0 0
98 50,6 51,6 52,6 60,6 51,6 62,6 Mbr	amily has Hearing Dis- emily has Visual Disal Previous Head Last Na Previous Head First Na Previous Head Middle   Sectio	ability?  me me initial in D. Income o Code curity il Securit	N N Informati 68 Amou	54 55 56	. Number of . Number of . Number of . Number of . SSN Ber Claim t	Non-I Depe Eligib	amil ndent le Me	y Mamba ts mbers	76.	0 0 1	58 59 63 64 65 ection	Expected Far Expected Far Active Full Ce Previous Hea Previous Hea E. Asset In 78	nilly Ad nilly Ad art Elfa d ID d Birth	dition difference of the diffe	Pregnancy Foster Child Date	3. Ou	0 0
08 50,F 51,F 52,F 60,F 81,F 62,F No 01 01	ramily has Hearing Disar Previous Head Last Na Previous Head Last Na Previous Head First Na Previous Head Middle I  Sectio  Fr. Income Typ  Social Se Supplements	ability?  Inte Inte Inte Intial In D. Income	N N Informati 68 Amou	54 55 56 56	. Number of . Number of . Number of . Number of . SSN Ber Claim t	Non-I Depe Eligib	75 Mer. No.	y Mamba Is mbers Checkin	76. Description	6 9 1	63 64 65 ection	Expected Far Expected Far Active Full Ce Previous Hea Previous Hea E. Asset In 78 Cash Value	nilly Ad nilly Ad art Elfa d ID d Birth	dition difference of the diffe	Pregnancy Foster Child Date	3. Ou	O C
38 50, F 51, F 52, F 60, F 31, F 62, F 66, Mbr No 01 01 01 70 71.	amily has Hearing Dis- amily has Visual Disat Previous Head Last Na Previous Head First Na Previous Head Middle I Sectio  Social Se Supplements General Ass Total Employment Inco	ability?  inte ime initial in D. Income o Code curity il Securit iistance	N N Informati 68 Amou	54 55 56 56	.Number of .Number of .Number of .Number of .SSN Ber .Caim 1	Non-I Depe Eligib	75 Mbr. No. 01	y Mambails mbers Checkin	76, Description g Bank of A n Value of As in Value of As	0 0 1	63 64 65 ection	Expected Far Expected Far Active Full Ce Previous Hea Previous Hea E. Asset In 78 Cash Value	nilly Ad nilly Ad art Elfa d ID d Birth	dition difference of the diffe	Pregnancy Foster Child Date	88 Ove Dive	O O O O O O O O O O O O O O O O O O O
08 50,F 51,F 52,F 60,F 31,F 62,F 86,Mbr No 01 01 01 70 71,72	amily has Hearing Dis- amily has Visual Disat Previous Head Last Ne Previous Head First Na Previous Head Middle Sectio Income Typ Social Se Supplements General Ass Total Pransion Income Total Punkion Income Total Public Assistance	ability?  inte ime initial in D. Income o Code curity il Securit iistance	N N Informati 68 Amou	54 55 56 56	Number of Number of Number of Number of State of	Non-I Depe Eligib	75 Mbr. No. 01	y Mambais mibers Checkin Checkin Iotal Casi Actual Inc	76, Description g Bank of A Native of As Summer from As School Rate	0 0 1	63 64 65 ection	Expected Far Expected Far Active Full Ce Previous Hea Previous Hea E. Asset In 78 Cash Value	nilly Ad nilly Ad art Elfa d ID d Birth	dition difference of the diffe	Pregnancy Foster Child Date	1.81 0.00	0 0 0 0 0 0 0 0 0 0 0 0 0 0
08 50.F 52.F 60.1 31.I 62.I 68. Mbr No 01 01 70 71. 72. 73.	amily has Hearing Dis- amily has Visual Disat Previous Head Last Na Previous Head First Na Previous Head Middle I Sectio  Social Se Supplements General Ass Total Employment Inco	ability?  prite	N N Informati 68 Amou	54 55 56 56	.Number of .Number of .Number of .Number of .SSN Ber .Caim 1	Non-I Depe Eligib	75. Misr. No. 01	y Mambais mibers Checkin Checkin Iotal Casi Actual Inc	76. Description  g Bank of A  h Value of As  shock Rater ncome from As	0 0 1	63 64 65 ection	Expected Far Expected Far Active Full Ce Previous Hea Previous Hea E. Asset In 78 Cash Value	nilly Ad nilly Ad art Elfa d ID d Birth	dition difference of the diffe	Pregnancy Foster Child Date	88 Ove Dive	O C C C C C C C C C C C C C C C C C C C
98 50.F 51.F 52.F 60.F 68. Mbv No 01 01 01 70 71. 72.	amily has Hearing Dis- amily has Visual Disat Previous Head Last Na Previous Head First Na Previous Head First Na Bertious Head Middle I Sectio B7 Income Typ Social Se Supplements General Ass Total Employment Income Total Parentin Income Total Parentin Income Total Public Assistance Total Other Income	ability?  prite	N N Informati 68 Amou	54 55 56 56	Mumber of Number of Number of Number of Number of SSN Ber Cam t	Non-I Depe Eligib nefits No.	75 Mbr. No. 01 81.7 83.1 84.1 85.4	y Mambais is mibers  Checkin  Checkin  Checkin  Checkin  Actual inches	76. Description  g Bank of A  h Value of As  shock Rater ncome from As	S S S Sets	63 64 64 64 64 64 64 64 64 64 64 64 64 64	Expected Far Expected Far Active Full Ce Previous Hea Previous Hea E. Asset In 78 Cash Value	nilly Ad nilly Ad art Elfa d ID d Birth	dition difference of the diffe	Pregnancy Foster Child Date	36 Ove Dive	O C C C C C C C C C C C C C C C C C C C
98 50.F 51.F 52.F 60.F 52.F 60.F 52.F 60.F 70.0 71.72.73.74.	amily has Hearing Dis- amily has Visual Disat Previous Head Last Na Previous Head First Na Previous Head First Na Bertious Head Middle I Sectio B7 Income Typ Social Se Supplements General Ass Total Employment Income Total Parentin Income Total Parentin Income Total Public Assistance Total Other Income	ability?  prite	N N N Informati	54 56 56 56 60 60 60 60 60 60 60 60 60 60 60 60 60	Mumber of Number of Number of Number of Number of SSN Ber Cam t	Non-I Depe Eligib nefits non F.	75 Mbr. No. 01 81. 82/ 83. 84. 85.	Checkin  Checkin  Checkin  Cotal Cast  Actual Inc  Hubi Ped I  Asset Inc  wances	76. Description g Bank of A h Value of As brown from As shook Rafe norme from a	S S S Sets	53 59 63 64 65 ection 77 batus C	Expected Far Expected Far Active Full Ce Previous Hea Previous Hea E. Asset In 78 Cash Value	anily Address	dition difference of the control of	Pregnancy Poster Child	36 Ove Dive	D C C C C C C C C C C C C C C C C C C C
98 SO.F 52.F 52.F 60.1 52.F 66. Mbv 01 01 70 71. 72. 73. 74.	amily has Hearing Dis- amily has Visual Disat Previous Head Last Na Previous Head First Na Previous Head First Na Beetlo  Sectio  Social Se Supplements General Ass Total Employment Income Total Pension Income Total Public Assistance Total Non-Asset Income	ability?  prite	N N N Informati	541 (	Number of Number of Number of Number of Number of SN Ber Cam t	Non-I Depe Eligib nefits No.	75 Mbr. No. 01 81. 32./ 33.4 85.4 Allor	Checkin  Checkin  Checkin  Checkin  Checkin  Actual Post  Asset Inc.  Wances  Indents	76. Description g Bank of A h Value of As brown from As shook Rafe norme from a	S S S Sets	58 59 63 64 65 ection 77 hotus C C	Expected Far Expected Far Expected Far Active Full Co Previous Hea Previous Hea E. Asset In Cash Value 1,893	nilly Add in the Add in the Add ID in the Ad	dition difference of the control of	Pregnancy Poster Child Date  Footer Child  F	36 Ove Dive	O C C C C C C C C C C C C C C C C C C C
08 50.F 52.F 60.F 31.I 62.I 66.Mbr No 01 01 70 71. 72. 73. 74. 66.	amily has Hearing Dis- amily has Visual Disat Previous Head Last Na- Previous Head First Na- Previous Head First Na- Previous Head Middle I  Sectio  57  Income Typ  Social Se Supplements General Ass  Total Punion Income Total Public Assistance Total Other Income Total Non-Assist income Total Annual Income Total Annual Income Low Income Limit Very Low Income Limit Very Low Income Limit	ability?  printe printe printial printi	N N N N N N N N N N N N N N N N N N N	541 555 560 556	.Number of	Non-I Depe Eligib  nefits No.	75 Mbr. No. 01 81. 82 / 83. 84. 85. Allor	y Mambers Is imbers Checkin Ch	76. Description g Bank of A h Value of As brown from As shook Rafe norme from a	S S S Sets	63 59 63 64 65 ection 77 77 totus C C	Expected Far Expected Far Expected Far Active Full Ce Previous Hea Previous Hea Fas Cash Value 1,893	ent Efficient  Ad ID  Ad Birth  Ad ID  AD IT  AD IT	dition difference of the control of	Pregnancy Poster Child Proster	36 Ove Dive	O C C C C C C C C C C C C C C C C C C C
08 50.F 51.F 52.F 60.F 31.F 62.F 66.Mbi No 01 01 01 70 71.72 73.74 66.88 87.F 68.89	amily has Hearing Dis- amily has Visual Disat Previous Head Last Na Previous Head First Na Previous Head First Na Bertio  Sectio  Social Se Supplements General Ass Total Employment Incor Total Pansion Incorne Total Pansion Incorne Total Other Incorne Total Other Incorne Total Annual Incorne Low Incorne Limit Extremely Low Incorne Limit Extremely Low Incorne	ability?  prite pr	N N N N N N N N N N N N N N N N N N N	541 55541 6	.Number of	Non-l Depe Eligib nefits No.	75 Mbr. No. 01 81. 82./ Alloo beper ense e	Checkin  Che	76. Description g Bank of A h Value of As brown from As shook Rafe norme from a	S S S Sets	63 59 63 64 65 65 65 65 65 65 65 65 65 65 65 65 65	Expected Far Expected Far Expected Far Active Full Ce Previous Hea Previous Hea Frevious Hea Cash Value 1,893 108 Total Te 109 Total Te 110 Tenant 111 Utility R	ent Efficient  Ad ID  Ad Birth  Ad ID  AD IT  AD IT	dition dition of the color of t	Pregnancy Poster Child Proster	36 Ove Dive	0 0 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0,
86. 87. 88. 89. 90.	amily has Hearing Dis- amily has Visual Disat Previous Head Last Na Previous Head Last Na Previous Head First Na Bertin Section  Social Se Supplements General Ass  Total Employment Income Total Pension Income Total Polic Assistance Total Other Income Total Non-Assistance Total Annus! Income Total Annus! Income Low Income Limit Extremely Low Income Current Income Sistus Current Income Sistus Current Income Sistus	ability?  prite pr	N N N N N N N N N N N N N N N N N N N	541 (1 (2 (2 (3 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4	Mumber of Number of Number of Number of Number of Number of Section 1	Non-I Depe Eligib  nefits No.  In for I Se Expression	75 Mer. No. 01 81. 83. 84. 85. Allor Deperense ense ense	Checkin Checkin Checkin Checkin Checkin Checkin Checkin Cas	76. Description g Bank of A h Value of As brown from As shook Rafe norme from a	S S S Sets	63 59 63 64 65 65 65 65 65 65 65 65 65 65 65 65 65	Expected Far Expected Far Expected Far Active Full Ce Previous Hea Previous Hea E. Asset In 76 Cash Value 1,693	ent Efficient Adult Adul	dition dition of the color of t	Pregnancy Poster Child Proster	36 Ove Dive	O C C C C C C C C C C C C C C C C C C C
86. 87. 88. 89. 90. 91	amily has Hearing Dis- amily has Visual Disat Previous Head Last Na Previous Head First Na Previous Head First Na Previous Head Middle I  Sectio  87 Income Typ  Social Se Supplements General Ass  Total Employment Income Total Pension Income Total Pholic Assistance Total Other Income Total Annual Income Total Annual Income Courant Income Current Income Limit Extremely Low Income Current Income Status Eligibility Universe Coc	ability?  prite pr	N N N N N N N N N N N N N N N N N N N	541 6 5541 6 560 9	Mumber of Number of Number of Number of Number of Number of Sen Ber Cam to 9 001 480 0 9 001 Section 37 Deduction 38 Child Can 39 00 305 Child Can 100 305 C	Non-I Depe Eligib  nefits No.  on F. I se Expression  expression  y Expr	75 Mbr. No. 01 31. 32. 33.1 94.1 95. Allor ense ense e	Checkin Checkin Checkin Checkin Checkin Checkin Checkin Cas	76. Description g Bank of A h Value of As brown from As shook Rafe norme from a	S S S Sets	63 59 63 64 65 65 65 65 65 65 65 65 65 65 65 65 65	Expected Far Expected Far Expected Far Expected Far Active Full Ce Previous Hea Previous Hea E. Asset In 76. Cash Value 1,693	ent Efficient de la company Administration de	dition dition of the control of the	Pregnancy Poster Child Proster	36 Ove Dive	0 0 0 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0
98 50.F 51.F 52.F 60.1 52.F 66. Mbr No 01 01 01 72 73. 74. 66. 89. 90. 91 92.	amily has Hearing Dis- amily has Visual Disat- Previous Head Last Na- Previous Head Last Na- Previous Head First Na- Previous Head First Na- Previous Head Middle I  Sectio  57 Income Typ  Rocal Sesupplements General Ass  Grant Pension Income Total Pension Income Total Other Income Total Nan-Asset	ability?  prite pr	N N N N N N N N N N N N N N N N N N N	541 ( 5541 ( 250 ( 5600 (	.Number of	Non-I Depe  Eligib  nefits  no F. n for I se Experies Experies  Experies Ex	75 Mbr. No. 01 81. 82. 83. 84. 85. Alliconserve ensee	Mambers  Checkin  Checkin  Checkin  Checkin  Casa  Actual Inchud Pas  Imputed It  Asset Incomments  (work)  (school)	76. Description g Bank of A h Value of As brown from As shook Rafe norme from a	S S S Sets	53 59 63 64 65 65 65 65 65 65 65 65 65 65 65 65 65	Expected Far Expected Far Expected Far Active Full Ce Previous Hea Previous Hea Previous Hea Fas Cash Value 1,893	ent Efficient  anant F  ferre C	dition dition of the control of the	Pregnancy Poster Child Poster C	36 Ove Dive	0 0 0 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0
98 50.F 51.F 52.F 60.1 51.1 52.1 66. Mbr No	amily has Hearing Dis- amily has Visual Disat- Previous Head Last Na- Previous Head Last Na- Previous Head First Na- Previous Head Middle I  Section  67  Income Typ  Social Se- Supplements General Ass  General Ass  Total Employment Income Total Pension Income Total Public Assistance Total Other Income Total Nan-Assist Income Low Income Limit Very Low Income Limit Extremely Low Income Extremely Low Income Englibility Universe Coc Sec. 8 Assist 1984 Inc Income Exception Cod	ability?  printe printial prin	N N N N N N N N N N N N N N N N N N N	541 ( 250 ) 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	Mumber of Number of Number of Number of Number of Number of Sen Ber Cam to 9 001 480 0 9 001 Section 37 Deduction 38 Child Can 39 00 305 Child Can 100 305 C	Non-I Depe  Eligib  nefits  No.  on F. n for ( se Experiment  Expe	75. Mbr. No. 01 81. 82. 43. 85. Alloo ense ense e ense e cation	Checkin	76. Description g Bank of A h Value of As brown from As shook Rafe norme from a	S S S Sets	63 59 63 64 65 65 65 66 65 66 66 66 66 66 66 66 66	Expected Far Expected Far Expected Far Expected Far Active Full Ce Previous Hea Previous Hea E. Asset In 76. Cash Value 1,693	ent Efficient Ad ID of Birth Ad ID o	dition dition of the distance	Pregnancy Poster Child Poster C	36 Ove Dive	0 0 0 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0
08 50.F 52.F 60.F 52.F 60.F 52.F 60.F 70.F 71.F 72.F 73.F 66.F 68.F 68.F 68.F 68.F 68.F 68.F 68	amily has Hearing Dis- amily has Visual Disat- Previous Head Last Na- Previous Head Last Na- Previous Head First Na- Previous Head First Na- Previous Head Middle I  Sectio  57 Income Typ  Rocal Sesupplements General Ass  Grant Pension Income Total Pension Income Total Other Income Total Nan-Asset	ability?  printe printial prin	N N N N N N N N N N N N N N N N N N N	541 (480 ) (5541 ) (560 ) (680	.Number of	Non-IDepe Ekgib nefits no.	75 Mbr. No. 01 81. 82. 4 85. Allor ense e ense e uclio nise action	Checkin	76. Description g Bank of A h Value of As brown from As shook Rafe norme from a	S S S Sets	53 59 63 64 65 65 65 66 65 66 66 66 66 66 66 66 66	Expected Far Expected Far Expected Far Active Full Ce Previous Hea Previous Hea Frevious Hea E. Asset In 78 Cash Value 1,893  108 Total Te 109 TTP Bu 110 Tenant 111 Utility R 112 Assista 113 Welfare 0, 114 Rent O 115 Hardsh	mant F Fafore C Rent Remburs Rent Remburs Rent Remburs Rent Rent Remburs Rent Remburs Rent Remburs Rent Remburs Rembur	dition dition obtain the property of the prope	Pregnancy Poster Child Proster	36 Ove Dive	0 0 0 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0

City of Yakima Office of Neighborhood Development Services

103 Gary Cable 1 1 ladyn 1/24/7 \$657 \$450° \$11,556 \\ 216 Ker Nowlin 1 2 below 3/2/17 \$91 6668 \$283. 89,084 \\ 216 Ker Nowlin 1 2 below 3/2/17	PROJ ADDRI No. of No.	PROJECT: Sommerset Apartments ADDRESS: 711 W. WALNUT  No. of Units: A  Unit Tenant Name #  No.	t Apartme		15  No. OF HOME UNITS: 2  REPORTING PERIOD: APRIL 2  # of Date of Rent Utility Max Rent Monthly Unit Rent Unit Rent Unit Rent Cert.	ITS: 2 Rent Allowance	RE Utility	PORTING PE	Date:	REPORTING PERIOD: APRIL 2016 TO MARCH 2017  Wax Rent Monthly Tenant's Annual Compliance Unit Rent Gross Income Y/N	-{7	Unit Statu (PI Only)
	203	Gang Cable Ken Nowlin		1 John 2 below	3/2/17		,0		\$450°°	p80/58		



#### Your New Benefit Amount

### ENEFICIARY'S NAME: GARY C CABLE

our Social Security benefits will increase by 0.3% percent in 2017 because of a rise in the st of living. You can use this letter as proof of your benefit amount if you need to apply r food, rent, or energy assistance. You can also use it to apply for bank loans or for other usiness. Keep this letter with your important financial records.

Your monthly amount (before deductions) is The amount we deduct for Medicare medical insurance is	\$963.00 \$0.00
(If you did not have Medicare as of November 17, 2016, or if someone else pays your premium, we show \$0.00.)  The amount we deduct for your Medicare prescription drug plan is (We will notify you if the amount changes in 2017. If you did not elect	\$0.00
withholding as of November 1, 2016, we show \$0.00.)  The amount we deduct for voluntary Federal tax withholding is	\$0.00
<ul> <li>The amount we deduct for voluntary rectain star with the first star with the</li></ul>	\$963.00
on or about Jan. 3, 2017.	

If you disagree with any of these amounts, you must write to us within 60 days from the date you receive this letter. We would be happy to review the amounts.

If you receive a paper check and want to switch to an electronic payment, please visit the Department of the Treasury's Go Direct website at www.godirect.org online.

#### What If I Have Questions?

- Visit our website at www.socialsecurity.gov for more information about Social Security.
- Call us toll-free at 1-800-772-1213 (TTY 1-800-325-0778) if you have questions. If you



#### Y r New Benefit Amount

#### BENEFICIARY'S NAME: KENNETH K NOWLIN

Your Social Security benefits will increase by 0.3% percent in 2017 because of a rise in the cost of living. You can use this letter as proof of your benefit amount if you need to apply for food, rent, or energy assistance. You can also use it to apply for bank loans or for other business. Keep this letter with your important financial records.

#### How Much Will I Get And When?

<ul> <li>Your monthly amount (before deductions) is</li> </ul>	\$757.00
<ul> <li>The amount we deduct for Medicare medical insurance is</li> </ul>	\$0.00
(If you did not have Medicare as of November 17, 2016	<u> 90.00</u>
or if someone else pays your premium, we show \$0.00.)	
The amount we deduct for your Medicare prescription drug plan is	\$0.00
(We will notify you if the amount changes in 2017. If you did not elect	90.00
withholding as of November 1, 2016, we show \$0.00.)	
• The amount we deduct for voluntary Federal tax withholding is	\$0.00
(If you did not elect voluntary tax withholding as of	\$0.00
November 17, 2016, we show \$0.00.)	
After we take any other deductions, you will receive	\$757.00
on or about Jan. 8, 2017.	ψ101.00

If you disagree with any of these amounts, you must write to us within 60 days from the date you receive this letter. We would be happy to review the amounts.

If you receive a paper check and want to switch to an electronic payment, please visit the Department of the Treasury's Go Direct website at www.godirect.org online.

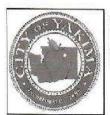
#### What If I Have Questions?

- Visit our website at www.socialsecurity.gov for more information about Social Security.
- Call us toll-free at 1-800-772-1213 (TTY 1-800-325-0778) if you have questions. If you speak Spanish, press 7. For other languages, wait until we answer, and then ask for an interpreter.
- Contact your local Social Security office, or contact any United States embassy or consulate office when outside the United States.

#### 801 FRUITVALE BLVD YAKIMA WA 98902

#### Help For Seniors

The Eldercare Locator is a free service of the U.S. Administration on Aging. Call 1-800-677-1116 or visit *www.eldereare.gov* to learn about in-home supportive services, nutrition and wellness programs, transportation, and caregiving help for seniors in your community.



DEPARTMENT OF COMMUNITY AND ECONOMIC DEVELOPMENT Office of Nelghborhood Development Services 112 South Eighth Street Yakima, Washington 98901 Phone (509) 575-6101 • Fax (509) 575-6176

Inspection Date: 12/18/2017

Time: 1 P.M. Realtor: Connie Cleary Phone: 248-0633

# HOUSING QUALITY STANDARDS, CODE REQUIREMENTS AND DETERIORATED PAINT VISUAL ASSESSMENT INSPECTION CHECKLIST

HOMEBUYER:				11 6
Apartment #: 103 (1 Bedroom)				
PROPERTY ADDRESS: 711 W Walnu	it St.			
	at St			
PROPERTY AGE:??				
52-25-90				_
SECTION ONE:				
BUILDING EXTERIOR	PASS	FAIL	COMMENTS	
1.Condition of foundation	X			
2.Condition of roof	X			
3. Condition of stairs, rails, & porches	X			
4.Condition of exterior surfaces	X			
(siding, soffit, etc)	100			
5.Condition of chimney	N/A			_
6.Condition of paint:				
<ul> <li>a) cracking, scaling, or peeling</li> </ul>	□X	E .		
b) chipping or loose	ΠX	Б		
c) adequately treated or covered	ΠX	п		
	1,530			
SECTION TWO:			46	
BUILDING SYSTEMS	PASS	FAIL	COMMENTS	
1.Hcating equipment	X	PAIL	COMPLETES	
2. Ventilation/Cooling	X			_
3. Water heater	X			
4.Rough plumbing	X			_
5.Sewer	x			-
6.Electrical service/Wiring	X			_
7.Smoke Detectors	X			
/ Shore Detectors		_	Marie Control of the	
SECTION THREE:				
LIVING ROOM	PASS	FAIL	COMMENTS	-
1.Floor condition	X	PAIL	COMMENIS	-
2. Window condition	X			
3.Door condition	X			
4.Blectrical fixtures	X	-		
5.Ceiling condition	X	-		
6.Wall condition 7.Condition of paint:	X			
Condition of paint:     cracking, scaling, or peeling	x			
chipping or loose	EX	П		
c) adequately treated or covered	□X □X	D		
e) adequately treated to covered	□X	10		

SECTION FIVE: BATHROOM	PASS	FAIL	COMMENTS
1.Floor condition	X		
2. Window condition	X		
3.Door condition	X	2111	
4.Electrical fixtures/Ventilation	X		
5. Toilet condition	X		
6. Wash basin/Laboratory conditions	X		
7. Tub or shower unit condition	X		
7. Ceiling condition	X		
8. Wall condition	X		
Condition of paint:     cracking, scaling, or peeling	а	П	
b) chipping or loose			1
c) adequately treated or covered	0	0	

SECTION SIX:

SECTION SIX:	PASS	FAIL	COMMENTS
LAUNDRY ROOM/UTILITY ROOM:		IMIL	COMPLETE
1.Floor condition	X		
2. Window condition	X		
3.Door condition	X		
4.Electrical fixtures/Ventilation	X		
5.Ceiling condition	X		
6. Wall condition	X		
7.Condition of paint:	X		
a) cracking, scaling, or peeling	ПX	0	
b) chipping or loose	□X		
c) adequately treated or covered	пх		

SECTION SEVEN:

SECTION SEVEN.	100000000	1002000	
BEDROOM NO 1: location	PASS	FAIL	COMMENTS
1.Floor condition	X		The second secon
2. Window condition	X		
3.Door condition	X		
4.Electrical fixtures	X		
5.Ceiling condition	X		
6. Wall condition	X		
7. Condition of paint:	x		
<ul> <li>a) cracking, scaling, or peeling</li> </ul>	□X		
b) chipping or loose	□x	C	
c) adequately treated or covered	DX	0	

SECTION EIGHT:

BEDROOM NO 2: location N/A	PASS	FAIL	COMMENTS
1.Floor condition			
2.Window condition			*
3.Door condition		1000	
4. Electrical fixtures			
5.Ceiling condition			
6. Wall condition		N-	
7.Condition of paint: a) cracking, scaling, or peeling		0	
b) chipping or loose		· O	
c) adequately treated or covered	0	п	

	Court was
SECTION	NIINE:

2. Window condition	X	4	
3.Door condition	X		
4.Electrical fixtures	X		
5.Ceiling condition	X		
6. Wall condition	X		
7.Condition of paint:	x		
<ul> <li>a) cracking, scaling, or peeling</li> </ul>	□X	0	
b) chipping or loose	□X	U	
<ul> <li>adequately treated or covered</li> </ul>	ΠX		

#### SECTION ELEVEN:

OTHER ROOM: location N/A	PASS	FAIL	COMMENTS	
1.Floor condition				
2.Window condition				
3.Door condition				
4.Electrical fixtures				
5.Ceiling condition				
6. Wall condition				
7.Condition of paint:		£4.		
a) cracking, scaling, or peeling	0	0		
b) chipping or loose			ř	
c) adequately treated or covered		0		

#### SECTION TWELVE:

ENTRIES, HALLWAYS OR STAIRCASES:	PASS	FAIL	COMMENTS
1.Floor condition	X		
2. Door condition	X		
3.Electrical fixtures	X		
4.Ceiling condition	X		
5. Wall condition	X		
6.Condition of paint:	x		
a) cracking, scaling, or peeling	ПХ	D	
b) chipping or loose	ПX		
<ul> <li>adequately treated or covered</li> </ul>	UX	D	

#### SECTION THIRTEEN:

UNHABITABLE ROOMS: N/A	PASS	FAIL	COMMENTS
1.Electrical conditions			
2.Potentially hazardous features			
3.Condition of paint:			
a) cracking, scaling, or peeling			
b) chipping or loose		Ľ	
c) adequately treated or covered		D	

SECTION FOURTEEN:		
SUMMARY OF INSPECTION		
VISUAL ASSESSMENT OF DETERIORATED PAINT:	PASS X	FAIL
(If failed Visual Assessment of Deteriorated Paint see Section 1	5 on next page)	
Che Topke	12/18/2017	
INSPECTOR SIGNATURE	DAT	E



DEPARTMENT OF COMMUNITY AND ECONOMIC DEVELOPMENT Office of Neighborhood Development Services 112 South Eighth Street Yakima, Washington 98901 Phone (509) 575-6101 • Fax (509) 575-6176

Inspection Date: 12/18/2017

Time: 1 P.M.

Realtor: Connie Cleary

Phone:

# HOUSING QUALITY STANDARDS, CODE REQUIREMENTS AND DETERIORATED PAINT VISUAL ASSESSMENT INSPECTION CHECKLIST

HOMEBUYER:			
Apartment #: 216 (2 Bedroom)	Since I		
PROPERTY ADDRESS: 711 W Waln	nt St		
PROPERTY AGE: _???	at St		
SECTION ONE:			
BUILDING EXTERIOR	PASS	FAIL	COMMENTS
1.Condition of foundation	X	FALL	COMMENTS
2.Condition of roof	X		
3.Condition of stairs, rails, & porches	X		
4.Condition of exterior surfaces	X		
(siding, soffit, etc)	,,		
5.Condition of chimney	N/A		
6.Condition of paint:			
a) cracking, scaling, or peeling	□x	С	
b) chipping or loose	□x		
<ul> <li>c) adequately treated or covered</li> </ul>	OX	Е	
			Annual Control of the
SECTION TWO:			
BUILDING SYSTEMS	PASS	FAIL	COMMENTS
1.Heating equipment	X	T.M.L.	COMMENTS
2. Ventilation/Cooling	X		
3. Water heater	X	- 0	
4.Rough plumbing	X		
5.Sewer			
6.Electrical service/Wiring	X		
6.Electrical service/Wiring	X X		
	X		
6.Electrical service/Wiring 7.Smoke Detectors SECTION THREE:	X X		
6.Electrical service/Wiring 7.Smoke Detectors SECTION THREE: LIVING ROOM	X X X	FAIL	COMMENTS
6.Electrical service/Wiring 7.Smoke Detectors SECTION THREE: LIVING ROOM 1.Floor condition	X X X X X	FAIL	COMMENTS
6.Electrical service/Wiring 7.Smoke Detectors SECTION THREE: LIVING ROOM 1.Floor condition 2. Window condition	X X X	FAIL	COMMENTS
6.Electrical service/Wiring 7.Smoke Detectors  SECTION THREE: LIVING ROOM 1.Floor condition 2. Window condition 3. Door condition	X X X X	FAIL	COMMENTS
6.Electrical service/Wiring 7.Smoke Detectors  SECTION THREE: LIVING ROOM 1.Floor condition 2. Window condition 3. Door condition	X X X X	FAIL	COMMENTS
6.Electrical service/Wiring 7.Smoke Detectors  SECTION THREE: LIVING ROOM 1.Floor condition 2. Window condition 3. Door condition 4. Electrical fixtures 5. Ceiling condition	PASS X X X	FAIL	COMMENTS
6.Electrical service/Wiring 7.Smoke Detectors  SECTION THREE: LIVING ROOM 1.Floor condition 2. Window condition 3. Door condition 4. Electrical fixtures 5. Ceiling condition 5. Wall condition	PASS X X X X X X X X X X X	FAIL	COMMENTS
6.Electrical service/Wiring 7.Smoke Detectors  SECTION THREE: LIVING ROOM 1.Floor condition 2.Window condition 3.Door condition 4.Electrical fixtures 5.Ceiling condition 5.Wall condition 7.Condition of paint:	PASS X X X X X X X X X X X X	FAIL	COMMENTS
6.Electrical service/Wiring 7.Smoke Detectors 8.ECTION THREE: LIVING ROOM 1.Floor condition 2.Window condition 3.Door condition 4.Electrical fixtures 5.Ceiling condition 5.Wall condition 7.Condition of paint: a) cracking, scaling, or pecling	PASS X X X X X X X X X X X X X X		COMMENTS
6.Electrical service/Wiring 7.Smoke Detectors  SECTION THREE: LIVING ROOM 1.Floor condition 2. Window condition 3. Door condition 4. Electrical fixtures 5. Ceiling condition 5. Wall condition	PASS X X X X X X X X X X X X	FAIL	COMMENTS

SECTION FIVE:

BATHROOM	PASS	FAIL	COMMENTS
1.Floor condition	X		
2.Window condition	X		
3.Door condition	X		THE STATE OF THE S
4.Electrical fixtures/Ventilation	X		The state of the s
5.Toilet condition	X		
6. Wash basin/Laboratory conditions	X		
7. Tub or shower unit condition	X		
7. Ceiling condition	x		
8.Wall condition	X		
9.Condition of paint:			
a) cracking, scaling, or peeling	ПX		
b) chipping or loose	□x	D	
<ul> <li>adequately treated or covered</li> </ul>	ПX	0	

SECTION SIX:

LAUNDRY ROOM/UTILITY ROOM:	PASS	FAIL	COMMENTS
1.Floor condition	X	-	
2.Window condition	X	7.77	**************************************
3.Door condition	X		
4.Electrical fixtures/Ventilation	X		
5.Ceiling condition	X		
6.Wall condition	X		
7.Condition of paint:	X		
<ul> <li>a) cracking, scaling, or peeling</li> </ul>	□x	0	
b) chipping or loose	□x	0	
<ul> <li>adequately treated or covered</li> </ul>	□x	0	

SECTION SEVEN:

BEDROOM NO 1: location	PASS	FAIL	COMMENTS
1.Floor condition	X		
2.Window condition	X		8
3.Door condition	X		
4.Electrical fixtures	X		
5.Ceiling condition	X		
6.Wall condition	X		
7.Condition of paint:	X		
<ul> <li>a) cracking, scaling, or peeling</li> </ul>	⊒x	o o	
b) chipping or loose	⊐x		
<ul> <li>adequately treated or covered</li> </ul>	⊐x	0	

SECTION EIGHT:

BEDROOM NO 2: location	PASS	FAIL	COMMENTS
1.Floor condition	X		10
2.Window condition	X		
3.Door condition	X		1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1
4.Electrical fixtures	X		
5.Ceiling condition	X		
6.Wall condition	x		(4
7.Condition of paint:	X		
a) cracking scaling or peeling	⊐x	n.	
<ul> <li>b) chipping or loose</li> </ul>	□x	<b>□</b>	
<ul> <li>adequately treated or covered.</li> </ul>	⊐x	٦	

CUA	CHICAGO	ION	RIT	TRATES.

2.Window condition	X		
3.Door condition	x		4.
4.Electrical fixtures	X		
5.Ceiling condition	X		
6.Wall condition	X		
7. Condition of paint:	X		
a) cracking, scaling, or peeling	□x	5	
chipping or loose	⊐x		
<ul> <li>e) adequately treated or covered</li> </ul>	⊐x	0	

#### SECTION ELEVEN:

OTHER ROOM: location N/A	PASS	FAIL	COMMENTS
1.Floor condition	11.000		O.S. Marie Co.
2.Window condition			
3.Door condition			
4.Electrical fixtures			
5.Ceiling condition			
6. Wall condition			
7.Condition of paint:  a) cracking, scaling, or peeling  b) chipping or loose  c) adequately treated or covered	0	0	A.6

#### SECTION TWELVE:

ENTRIES, HALLWAYS OR STAIRCASES:	PASS	FAIL	COMMENTS
1.Floor condition	X		
2. Door condition	X		The second secon
3. Electrical fixtures	X		
4.Ceiling condition	X		
5.Wall condition	Х		
6.Condition of paint: a) cracking, scaling, or peeling b) chipping or loose c) adequately treated or covered	X CX CX	0 0	

#### SECTION THIRTEEN:

UNHABITABLE ROOMS: N/A	PASS	FAIL	COMMENTS
1.Electrical conditions			
2.Potentially hazardous features			
3.Condition of paint:			
a) cracking, scaling, or peeling	0	п	
b) chipping or loose	n	l n	
<ul> <li>adequately treated or covered</li> </ul>		0	

#### SECTION FOURTEEN:

PASS X	FAIL
	PASS X

(If failed Visual Assessment of Deteriorated Paint see Section 15 on next page)

INSPECTOR SIGNATURE 12/18/2017
DATE

REPORTING PERIOD: APRIL 2016 - MARCH 2017 City of Yakima Office of Neighborhood Development Services Project Compliance Report: Rental Housing Dafe: No. of HOME UNITS: 1 PROJECT. Riel House (Triumph Treatment) Appress: 102 S NACHES AVE. No. of UNITS:

Compliance Unit Status     VAN     (P! Only)	<i>y</i>	
Tenant's Annual Gross Income	\$	
Monthly Unit Reat	\$	
Max Rem		
Dilling	b d	
Ront Allowance	\$293	
Date of Last Income Cen.	Parco	
¥ of Bedrooms	-	
Persons	-	
Tenant Name	Amelia (	
No.	79	

CAPER

ON AA4

W3 CO:00 MON // 107 /01 /000

P. 002/002

P. 003

SAL NO.

	 The additional for
- 1	

WJ 70:70 IVJ// 107/01/034

	15	Tilanad	galvisoers receiving	- Number of househo
00.0\$	00.08	00.0200.0742	BIJCE CZO XAKIMA3	Islas A bood S23896ES
00.03	00.0\$	00.0200.1222	ANCE CSO SAKIMA	22886106 Cash Assist
WF- Over medionPayment	d Unearned 9* Income* Sa	shold Benefit Incomerce	ype CSO House	Assistance Benefit T
				Jennary 2017
00.0\$	\$0.00	00.02 00.02	AAKIMA CSO 0	23968652 Food Salatanee
00.02	00.0\$	00.08 00.08	XAKIMA CSO 3	OATES OF OR Y
00.03	00.02	00.0200.5012	CSO BETTINGHVM <sup>1</sup>	
WF. Over	d Unearned * Income* Se	sheld Benefit Earne.	CSO House	Assistance Denefit Type
		22		February 2017

\* - Household income used to determine program cligibility is displayed for each program.

Sport Chail A CH invil)	
# onod9 5+42-602-008 # CCT/YTT EESS-102-178 # ond NoT	21/91/20
Esparament of Social feeling Services	YAKIMA CSO PO BOX 11699 TACOMA WA 98411-6699
 	DATATO & THREE S GYALLE
· •	~
FAA 110.	W1 70:70 14122107 INT INT.

DOM AMELIA F CANUTE

A VICINIA TVA 98902-1623 AMELIA P CANUTE

You will receive the following benefits:

00 P015	00 1018	00 5012	flexsheft appearaises A bond pize 8
papuranssi	Issuance		
Puture	Second	First Issuance	
81/12/10	21/51/	20	Basic Pood Assistance (federal)
End Date	ets (I nig	off.	

Your food benefit will be available on day [4 of each month.

We will add your benefits to an Electronic Benefits Transfer (EBT) account.

The following persons receive federal Basic Food benelits.

AMELIA F CANUTE

Your household may receive a small energy assistance benefit every 12 months as part of the Hent and Eat Program. This allows us to provide the Standard Utility Allowance (SUA) deduction for WASHCAP or Basic Pood.

You don't have to apply or ask for the Heet and Bat benefit. You will receive this benefit automatically only if you meet the requirements under WAC 383-400-0047 and haven t received the Heat and Eat benefit in the last 12 months.

Your benefits may include a Low brooms Home Energy Assistance Program (LIHEAP) cash

This payment allows note, call 877-501-2233

This payment allows note, call 877-501-2233

(I you want to know more, call 877-501-2233

We will sand you a letter if thore are any changes to the benefits listed above.

CIPOLIDA OUZIAZOAS

DOOS-01 YERICANI LETTER

If you disagree with any of our decisions, you may ask to have the case roviewed. You can also ask for an administrative hearing regime medical in this letter. Call 877-501-2233 to process an application or review, report changes, or oak questions. Write your olion in on all copies you send us. Your client ID is 002142048. You can:
Apply for benefits, submit a review, or report changes at www.washingtonconnection.org.
\* Apply for benefits, submit a review, or report changes at www.washingtonconnection.org.
\* Fax information to us at 888-338-7410. Seq1 00000000 Page: 32 as 02 OSATEAN AMBLE E CAMETE con 2 נעט זוז:

DSHS Administrative Nearing Rights

Attriobanent(s):

1902-11 Ledge Approval Ledge

Chent ID# 002142048

CENTRAL AMERIES & CAMPER ל. נונו

#### **OUESTIONS AND ANSWERS**

What do you need to know about Electronic Benefits Transfer (EBT)?

If you don't have an EBT card you can set us to send a card in the mail. It should arrive

within 10 days.

\* You will receive an instruction pamplulet with your EBT card.

No, do not give your card or PIN to anyone. Can you give your BBT card to sumeone in shop for you?

Contact your worker it someone else shops for you.

We can give them their own eard and PIM for your EBT account.

With your lotsi monthly gross income (money from all sources before deductions) goes aver \$1287.00. What do you need to report for food assistance between reviews?

How do you report changes?

\* Report changes by calling \$77-501-2233.

For cash and food programs, you must report changes by the 10th of the next month after the When do you need to report changes?

What happens it you don't report changes on time?

Your benefits could be late. Your benefits could stop.

You could receive more benefits than you should, you must pay them back. If you receive more benefits than you should, you must pay them back.

When will we review your case?

You will receive a Mid-Certification Review to complete.

\* An eligibility review form will be sent before your benefits slop.

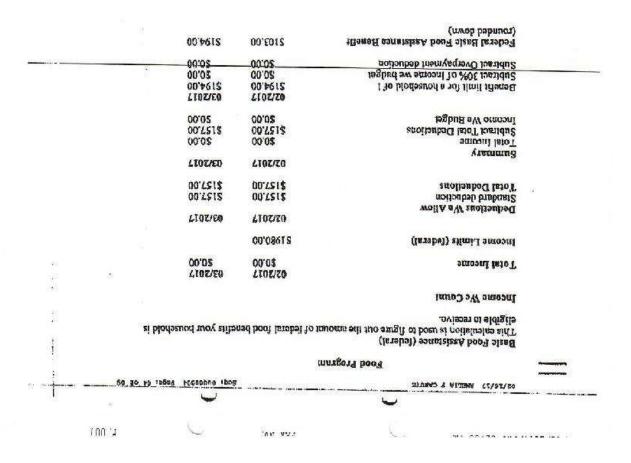
Where can you look for more information about DSHS services?

You are authorized to access information at https://www.washagtoncomsection.org/bornet/ This website tells you shout other DSHS programs and community resources for you and

your fumily.

1911-1 I INVOIGE A 10-5000

**CAPER** 



8888-01 Computation

City of Yakima Office of Neighborhood Development Services

No. of Units: 26  No. of HOME Units: 5  Reporting Period: 4 of Date of Rent Utility Max Rent Mount No. 6 of Home Units Max Rent World No. 6 of Home Cert.  No. of Home Period: 4 of Date of Rent Utility Max Rent World No. 6 of Max Rent World No. 6		
Tegant Name W # of Dato of Rent Utility Max Rem Isonance Albovance	REPORTING PERIOD: OCTOBER 1, 2016 TO SEPT. 30, 2017	21(
Abory (Boby ) 1 1911 16 334 48 150 10 10 10 10 10 10 10 10 10 10 10 10 10	Monthly Tenant's Anaual Compliance Unit Rent Gross Income Y/N?	Unit Status (Pl Only)
Kevir latilina 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2400 19,036" Y	
Nonces River 3 3 1/1/10/10/20	200 B0527 % X	
Mondes Kives 7 3 3/1/17/7/18	102 16/140 0	
, call ha	\$ 1034 XX	

SELF-CERTIFICATION OF ANNUAL INCOME

isehold Name:	ner	-		
Bedrooms:	# of Persons	in Household:		
REMAINDER OF FORM	TO BE COMPLETE	D BY RESIDENT ON	Ÿ	
r all household member name(s) and da note whether or not any household member	te(s) of birth below (corer is or will be a fulltime	ntinue on separate sheet e student in next 12 month	of paper if no	ecessary
Household Member Name		Date of Birth	Fulltime Stat	
though Belo	her =	11/10/3	₽ □ Yes	X No
			_ 🗆 Yes	☐ No
			_ 🗆 Yes	□ No
·		, <del></del>	🗌 Yes	☐ No
			_ 🗆 Yes	☐ No
l			_ 🗆 Yes	□ No
(c)		20 - 200	_ 🗆 Yes	□ No
ave you, in this celendar yeer, or will you in				
ave you, in this calendar year, or will you in ter household income including income for ome put "Zero." Every adult Household me the next 12 months. See NOTES on secon  Itousehold Member Name  ad   LLLLL G.J.L.L.  2.	om assets of each adul	it household member. If s	come member nual income t of paper if t	ers have anticipat
ter household income including income for ome put "Zero." Every edult Household me the next 12 months. See NOTES on second the next 12 months. See NOTES on second thousehold Member Name and Chartyl Back 2.	om assets of each adult ember must initial be on ad page of this form (or Total Gross Annual Income & Income from Assets 9,030	it household member. If s w to certify their gross and onlinue on separate sheet	come member nual income t of paper if t	ers have anticipal necessar Initials of Adult Househo

CAPER

ž		~~~
es to notify management IMMEDIATELY if:		
<ul> <li>Anyone in my household becomes a ful</li> <li>Ny household composition changes in</li> </ul>		
thy under penalties of perjury that the above wledge. I understand that false or incomplet ands for eviction. I agree to furnish any add party owner/management to document my/o	te information is a violation of the tarm Itional income or other documentation	required by the
hour Belcher	CheRYL Belo	her 10/22
Hear of Household Signature	Print Name	Date
Other Household Adult Signature	Print Name	Date
Other Household Adult Signature	Print Name	Date
Other Household Adult Signature	Print Name	Date
	NOTES	
pes of Income: sable types of Income include but are not limite second Security/SSI, retirement benefit les of financial aid. Include amount you receive some listed must be GROSS Income (income be	ed to: wages, salary, lips, bonuses, commiss, VA benefits, child support, regular gifts mow and amount you anticipate receiving	CHICKLICAL HAVE SHO SOME
sable types of Income include but are not limite sistance, Social Security/SSI, retirement benefit less of financial aid. Include amount you receive	ed to: wages, salary, tips, bonuses, commiss, VA benefits, child support, regular gifts mow and amount you anticipate receiving store taxes and deductions).	in the next 12 months. All
sable types of income include but are not limite istance, Social Security/SSI, retirament benefit es of financial aid. Include amount you receive ome fisted must be GROSS income (income be come from Assets: come from Assets: come from Assets must also be included in Tota itled to: checking accounts, savings accounts, onds, 401(k) and real estate. Include the annual	ed to: wages, salary, tips, bonuses, commiss, VA benefits, child support, regular gifts mow and amount you anticipate receiving store taxes and deductions).	in the next 12 months. All fassets include, but are no rifficates of deposit, stocks income.
sable types of income include but are not limite istance, Social Security/SSI, retirament benefit less of financial aid. Include amount you receive some fisted must be GROSS income (income be come from Assets: zome from Assets must also be included in Tota itled to: checking accounts, savings accounts, or ands, 401(k) and real estate. Include the annual	ed to: wages, salary, tips, bonuses, commiss, VA cenefits, child support, regular gifts inow and amount you anticipate receiving affore taxes and deductions).  If Gross Annual Income. Possible types of centrest from these accounts in your total interest from these accounts in your total	in the next 12 months. All assets include, but are no nificates of deposit, stocks income.
sable types of income include but are not limite sistance, Social Security/SSI, retirament benefit uses of financial aid. Include amount you receive some listed must be GROSS income (income become from Assets: some from assets must else be included in Tota nited to: checking accounts, savings accounts, onds, 401(k) and real estate. Include the annual	id to: wages, salary, tips, bonuses, commiss, VA cenefits, child support, regular gifts now and amount you anticipate receiving affore taxes and deductions).  If Gross Annual Income. Possible types o cash on hand, money market accounts, ce tinterest from these accounts in your total anticipation.  PLETED BY MANAGEMENT  Effective Date of Recertification.	in the next 12 months. All assets include, but are no nificates of deposit, stocks income.
sable types of Income Include but are not limite sistance, Social Security/SSI, retirament benefit uses of financial aid. Include amount you receive some listed must be GROSS income (income become from Assets: zome from Assets: zome from Assets must else be included in Totalited to: checking accounts, savings accounts, onds, 401(k) and real estate. Include the annual Driginal Move-in Date:	id to: wages, salary, tips, bonuses, commiss, VA cenefits, child support, regular gifts now and amount you anticipate receiving affore taxes and deductions).  If Gross Annual Income. Possible types o cash on hand, money market accounts, ce tinterest from these accounts in your total anticipation.  PLETED BY MANAGEMENT  Effective Date of Recertification.	in the next 12 months. All fassets include, but are no nificates of deposit, stocks income.
sable types of income include but are not limite sistance, Social Security/SSI, retirament benefit uses of financial aid. Include amount you receive some listed must be GROSS income (income become from Assets: some from assets must else be included in Totalited to: checking accounts, savings accounts, onds, 401(k) and real estate. Include the annual original Move-in Date:	d to: wages, salary, tips, bonuses, commiss, VA benefits, child support, regular gifts mow and amount you anticipate receiving after taxes and deductions).  If Grass Annual Income. Possible types o cash on hand, money market accounts, or interest from these accounts in your total pleTED BY MANAGEMENT  Effective Date of Recertification mibers:	in the next 12 months. All assets include, but are no nificates of deposit, stocks income.
sable types of income include but are not limite sistance, Social Security/SSI, retirament benefit sets of financial aid. Include amount you receive ome listed must be GROSS income (income become from Assets: tome from Assets: tome from Assets must else be included in Totalited to: checking accounts, savings accounts, onds, 401(k) and real estate. Include the annual Driginal Move-in Date:	d to: wages, salary, tips, bonuses, commiss, VA benefits, child support, regular gifts mow and amount you anticipate receiving effore taxes and deductions).  If Grass Annual Income. Possible types o cash on hand, money market accounts, ce tinterest from these accounts in your total interest from these accounts in your total effective Date of Recertification maters:    Column   C	in the next 12 months. All fassets include, but are no rifficates of deposit, stocks income.  10-1-14 3 0.00%

## SELF-CERTIFICATION OF ANNUAL INCOME

usehold Name:	Faull	nev			
of Bedrooms:	1 aun		in Household:	1	786
or bedrooms.		# DI PEISONS	III Noosanoid.		
REN	IAINDER OF FOR	RM TO BE COMPLETE	D BY RESIDENT O	NLY	
ter all household me to note whether or not	mber name(s) and any nousehold men	date(s) of birth below (com moer is or will be a fulltime	tinue on separate she student in next 12 mo	et of paper if no onths.	ecessary).
Hou	sehold Member Nem	ie	Date of Birth	Fullime Stat	
and Karut	X Fan	Olenar	12-4-6	Yes 🗆 Yes	110
2				🗆 Yes	□ No
3.				D Yes	☐ No
4,				Pes	☐ No
				☐ Yes	□ No
5.				TOTAL PORTUGA	
5 6				Yes	□ No
6. 7. Have you, in this caler		in the next calendar year		Yes	□ No
6. 7. Have you, in this caler noter household inconcome put "Zero." Eve in the next 12 months.  Household Me	ne including income ry adult Household See <u>NOTES</u> on sei	- 100	, to a fulltime student thousehold member,	Tes	□ No or more? ers have r
6. 7. Have you, in this caler neter household incord come put "Zero." Eve in the next 12 months.  Household Me	ne including income ry adult Household See <u>NOTES</u> on sei	rin the next celendar year from assets of each adult member must initial celov cond page of this form (co Total Gross Annual Income & income from	, to a fulltime student household member. vio certify their gross intinue on separate sh	Tes	No more?  ars have anticipate necessary  Initials of Adult Househole
6. 7. Have you, in this caler note household incord put "Zero." Eve in the next 12 months. Household Me	ne including income ry adult Household See <u>NOTES</u> on sei	rin the next celendar year from assets of each adult member must initial celov cond page of this form (co Total Gross Annual Income & income from	, to a fulltime student household member. vio certify their gross intinue on separate sh	Tes	No more?  ars have anticipate necessary  Initials of Adult Househole
6. 7. Have you, in this caler noter household inconcome put "Zero." Eve in the next 12 months.  Household Me lead Cart C	ne including income ry adult Household See <u>NOTES</u> on sei	rin the next celendar year from assets of each adult member must initial celov cond page of this form (co Total Gross Annual Income & income from	, to a fulltime student household member. vio certify their gross intinue on separate sh	Tes	No more? ars have anticipate necessary initials of Adult
6. 7. Have you, in this caler noter household inconcome put "Zero." Eve in the next 12 months.  Household Me 2. 3. 4. 5.	ne including income ry adult Household See <u>NOTES</u> on sei	rin the next celendar year from assets of each adult member must initial celov cond page of this form (co Total Gross Annual Income & income from	, to a fulltime student household member. vio certify their gross intinue on separate sh	Tes	No more?  ars have anticipate necessary  Initials of Adult Househole
6. 7. Have you, in this caler noter household inconcome put "Zero." Eve in the next 12 months.  Household Me lead Cart C	ne including income ry adult Household See <u>NOTES</u> on sei	rin the next celendar year from assets of each adult member must initial celov cond page of this form (co Total Gross Annual Income & income from	, to a fulltime student household member. vio certify their gross intinue on separate sh	Tes	No more?  ars have anticipate necessary  Initials of Adult Househole

ousehold Name:		
	68	
gree to notify management IMMEDIATELY If:		
<ul> <li>Anyone in my household becomes a fulltime</li> <li>My household composition changes in any re</li> </ul>	s student; way.	
certify under penalties of perjury that the above info nowledge. I understand that false or incomplete info rounds for eviction. I agree to furnish any addition roperty owner/management to document my/our ho	formation is a violation of the term al income or other documentation	s of my lease and is
Head of Household Signature	Print Name	Date 10-24
Other Household Adult Signature	Print Name	Date
Other Household Adult Signature	Print Name	Date
Other Household Adult Signature	Print Name	Date
<u> </u>	NOTES	
Types of Income:  Topsible types of income include but are not limited to:  sististance, Social Security/SSI, retirement benefits, VA  yoes of financial aid. Include amount you receive now  noome listed must be GROSS income (income before to  noome from Assets:  noome from Assets:  notine from assets must also be included in Total Gross  mitted to: checking accounts, savings accounts, cash o  conds, 401(k) and real estate. Include the annual interse	benefits, child support, regular gifts, and amount you anticipale receiving axes and deductions).  ss Annual income. Possible types of in hand, money market accounts, cer	unemployment, and som in the next 12 months. A assets include, but are n tificates of deposit, stock
	TED BY MANAGEMENT	10 ( .17
Original Move-In Date: 12-7-07	Effective Date of Recertification:	0 10-1-16
Original Move-In Date: 12-7-07  Total Gross Income – All Household Members		0 10-1-16
Original Move-In Date: 12-7-07  Total Gross Income — All Household Members Household Portion of Rent: \$ 060		480
Original Move-In Date: 12-7-07  Total Gross Income – All Household Member	s: \$ 9552°	48° 30.00%

www.wshfq.org/menagers/forms-RC.htm Self-Certification of Annuel Income | Rev. January 2014 ,

Page 2 of 2

## SELF-CERTIFICATION OF ANNUAL INCOME

seh	nold Name: (10150)	2			
Ве	drooms:	# of Persons I	n Household:	2_	
	REMAINDER OF FORM	O BE COMPLETE	BY RESIDENT ONLY	, —	
		-			corpan/
or all	household member name(s) and date s whether or not any household member	is or will be a fulltime	student in next 12 months	paper a ric	20200197.
	Household Member Name .		Date of Birth	Fulltime State	
ad	Latty Datson		9-29-57	☐ Yes	X No
	MICHAEL DOT		3-30-60	☐ Yes	₩ No
	411141111111111111111111111111111111111			Yes	□ No
				☐ Yes	□ No
				☐ Yes	□ No
3.				☐ Yes	□ No
3. 7. lave	you, in this calendar year, or will you in I	ine next calendar year		Yes Yes	□ No
3. 7. lave iter h	you, in this calendar year, or will you in to putsahold income including Income from put "Zero." Every adult Household mei next 12 months. See <u>NOTES</u> on second Household Member Name.	the next calendar year measets of each adult mber must initial below dipage of this form (co Total Gross Annual Income & Income from	household member. If so	Yes  Yes  ive months  me membrast income of paper if the	or more? ers have no anticipated necessary). Initials of Adult
3. 7. lave the	pusehold income including Income from put "Zero." Every adult Household man next 12 months. See <u>NOTES</u> on second Household Member Name	ine next calendar year in assets of each adult inher must initial below dipage of this form (co Total Grose Appual Income &	household member. If so to certify their gross annu- ntinue on separate sheet of Source of Income	Yes  Yes  ive months  me membrast income of paper if the	or more? ers have no anticipated necessary).
3. 7. lave iter h	ousehold income including Income froi put "Zero." Every adult Household mei next 12 months. See <u>NOTES</u> on second	the next calendar year measets of each adult mber must initial below dipage of this form (co Total Gross Annual Income & Income from	household member. If so to certify their gross annu- ntinue on saparata sheet o	Yes  Yes  ive months  me membrast income of paper if the	or more? ers have no anticipated necessary). Initials of Adult
3. 7. lave ter he	pusehold income including Income from put 'Zero." Every adult Household mei next 12 months. See NOTES on second Household Member Name  Lakty Dat Sah	the next calendar year measets of each adult mber must initial below dipage of this form (co Total Gross Annual Income & Income from	household member. If so, to certify their gross annuatinue on separate sheet of source of Income	Yes  Yes  ive months  me membrast income of paper if the	or more? ers have no anticipated necessary). Initials of Adult
3. 7. lave the the said	pusehold income including Income from put 'Zero." Every adult Household mei next 12 months. See NOTES on second Household Member Name  Lakty Dat Sah	the next calendar year measets of each adult mber must initial below dipage of this form (co Total Gross Annual Income & Income from	household member. If so, to certify their gross annuatinue on separate sheet of source of Income	Yes  Yes  ive months  me membrast income of paper if the	or more? ers have no anticipated necessary). Initials of Adult
3. 7. lave ther historine the cand 2.	pusehold income including Income from put 'Zero." Every adult Household mei next 12 months. See NOTES on second Household Member Name  Lakty Dat Sah	the next calendar year measets of each adult mber must initial below dipage of this form (co Total Gross Annual Income & Income from	household member. If so, to certify their gross annuatinue on separate sheet of source of Income	Yes  Yes  ive months  me membrast income of paper if the	or more? ers have no anticipated necessary). Initials of Adult
3. 7. Have the head	pusehold income including Income from put 'Zero." Every adult Household mei next 12 months. See NOTES on second Household Member Name  Lakty Dat Sah	the next calendar year measets of each adult mber must initial below dipage of this form (co Total Gross Annual Income & Income from	household member. If so, to certify their gross annuatinue on separate sheet of source of Income	Yes  Yes  ive months  me membrast income of paper if the	or more? ers have no anticipated necessary). Initials of Adult

200

C 1		
usehold Name: 0150Y	<u> </u>	
	SE 170	
gree to notify management (MMEDIATELY if	ts —	
Anyone in my household becomes a f     My household composition changes in		
lowledge. I understand that false of incompl	ove information is true and complets to the be- lete information is a violation of the terms of r iditional income or other documentation requi four household income:	ny lease and le
fantu k Ottam Head of Household Signeture	Larry R Dotson	11-1-16 Date
Michael Dataon Other Household Adult Signature	MICHAZL DUTSON	10-31 Date
Other Household Adult Signature	Print Name	Date
Other Household Adult Signature	Print Name	Date
	NOTES	
iselstance, Social Security/SSI, retirement benef ypes of financial aid. Include amount you receiv ncome listed must be GROSS income (income o	ted to: wages, salary, tips, bonuses, commission fits, VA benefits, child support, regular giffs, unen re now and amount you anticipate receiving in the before taxes and deductions).	ployment, and some
mited to: checking accounts, savings accounts,	lal Gross Annual Income. Possible types of assar cash on hand, money market accounts, certificat al interest from these accounts in your total incom	es of deposit, stocks,
TO BE COM	MPLETED BY MANAGEMENT	10 1 50
Original Move-in Date: 12-1-07	Effective Date of Recentification:	12-1-16
Total Gross Income - All Household Me		-100
Household Portion of Rent: \$56	Utility Allowance: \$	28
Subsidy Portion: \$	Set-aside %:5 0.0	00%
Diara M'Clasker	a Diana Marloskou	11-1-16

www.wshfc.org/managera/forms-RO.htm Self-Certification of Annual Income | Rev. January 2014 .

Page 2 of 2

#### SELF-CERTIFICATION OF ANNUAL INCOME

	e Place	Unit:	_//	Q
usehold Name: MEYCEC	105		-,	
of Bedrooms: 3	_ # of Persons	in Household:	4	
REMAINDER OF FORM 1	TO BE COMPLETE	D BY RESIDENT ON	LY	0:=
er all household member name(s) and date o note whether or not any household member	(s) of birth below (con is or will be a fulltime	linue on separate sheet student in next 12 mont	of paper if hs.	necessary)
Household Member Name		Date of Birth		ne Student
Mercedes Riv	era	7/18/1972	_ 🗆 Yes	No.
2 Guillermo Carden	20	5/5/00	_ Yes	□ No
Roslo G. Carde	nas	6/11/01	~ Yes	s 🗆 No
1 Leonardo Carden	کی	3/31/10	_ Ø Yes	L 🔲 No
5	-		_ 🗆 Yes	s 🗆 No
i			_ D Yes	No No
7love you. In this calendar year, or will you in th	next calendar year,	be a fulltime student for	[] Ye:	
leve you. In this calendar year, or will you in the ter household income including income from ome put "Zero." Every adult Household mem the next 12 months. See <u>NOTES</u> on second Household member Name	assets of each adult ther must initial below page of this form (con Total Gross Annual Income & Income from Assets	household member. If s to pertify their gross enr	five month tome mem tual incom t of paper i	ns or more? bers have n
leve you. In this calendar year, or will you in the ter household income including income from ome put "Zero." Every adult Household mem the next 12 months. See NOTES on second Household member Name.  Add Mesceples Rivery	assets of each adult ther must initial below page of this form (cor Total Gross Annual Income & Income from Assets	household member. If s to pertify their gross enri timue on seperate sheet	five month tome mem tual incom t of paper i	bers have he enticipated fracessary
leve you. In this calendar year, or will you in the ter household income including income from ome put "Zero." Every adult Household mem the next 12 months. See <u>NOTES</u> on second Household member Name	assets of each adult ther must initial below page of this form (cor Total Gross Annual Income & Income from Assets	household member. If s to pertify their gross enri timue on seperate sheet	five month tome mem tual incom t of paper i	bers have n e anticipate f necessary initials of Adult Mousehold
leve you. In this calendar year, or will you in the ter household income including income from one put "Zero." Every adult Household mem the next 12 months. See NOTES on second Household member Name  and Mesceples Rivery  2. Guilles ma Cardenos	assets of each adult ther must initial below page of this form (cor Total Gross Annual Income & Income from Assets	household member. If s to pertify their gross enri timue on seperate sheet	five month tome mem tual incom t of paper i	bers have r e anticipate f necessary initials of Adult Mousehold
leve you. In this calendar year, or will you in the ter household income including income from ome put "Zero." Every adult Household mem the next 12 months. See NOTES on second Household member Name  and Mesceples Riverg  Cuilles ma Cardens  4.	assets of each adult ther must initial below page of this form (cor Total Gross Annual Income & Income from Assets	household member. If s to pertify their gross enri timue on seperate sheet	five month tome mem tual incom t of paper i	bers have n e anticipate f necessary initials of Adult Mousehold
leve you. In this calendar year, or will you in the ter household Income including income from one put "Zero." Every adult Household mem the next 12 months. See NOTES on second Household member Name  Add Mesceples Rivery  2. Guillet ma Cardens  3.	assets of each adult ther must initial below page of this form (cor Total Gross Annual Income & Income from Assets	household member. If s to pertify their gross enri timue on seperate sheet	five month tome mem tual incom t of paper i	bers have n e anticipate f necessary initials of Adult Mousehold
leve you. In this calendar year, or will you in the ter household income including income from ome put "Zero." Every adult Household mem the next 12 months. See NOTES on second.  Household member Name.  Sed. Mesceples Riverg.  Cardens  3.  4.  5.	assets of each adult ther must initial below page of this form (cor Total Gross Annual Income & Income from Assets	household member. If s to pertify their gross enri timue on seperate sheet	five month tome mem tual incom t of paper i	bers have n e anticipate f necessary initials of Adult Mousehold
leve you. In this calendar year, or will you in the ter household Income including income from one put "Zero." Every adult Household mem the next 12 months. See NOTES on second Household member Name  Add Mesceples Rivery  2. Guillet ma Cardens  3.	assets of each adult ther must initial below page of this form (cor Total Gross Annual Income & Income from Assets	household member. If s to pertify their gross enri timue on seperate sheet	five month tome mem tual incom t of paper i	bers have n e anticipate f necessary initials of Adult Mousehold

**CAPER** 

Household Name: I agree to notify management IMMEDIATELY IT: Anyone in my household becomes a fulltime student; My household composition changes in any way. certify under penalties of perjury that the above information is true and complete to the best of my knowledge. I understand that false or incomplete information is a violation of the terms of my lease and is grounds for eviction. I agree to furnish any additional income or other documentation required by the property owner/management to document my/our household income: lead of Household Signature Print Name Mo Cardenos Household Adult Signature emmo Print Name Other Household Adult Signature Print Name Date Other Household Adult Signature Print Name Date NOTES Types of Income: Types of income; include but are not limited to: wages, salary, tips, bonuses, commissions, military pay, public assistance. Social Security/SSI, retirement benefits, VA benefits, child support, reguler gifts, unemployment, and some types of financial aid. Include amount you raceive now and amount you anticipate receiving in the next 12 months. All income listed must be GROSS income (income before taxes and deductions). Income from Assets: Income from assets must also be included in Total Gross Annual Income. Possible types of assets include, but are not limited to: checking accounts, savings accounts, cash on hand, money market accounts, certificates of deposit, stocks, bonds, 401(k) and real estate. Include the annual interest from these accounts in your total income. TO BE COMPLETED BY MANAGEMENT Original Move-in Date: Total Gross Income - All Household Membe Household Portion of Rent. Utility Allowance: 50.00% Subsidy Portion: Signature of Managemer Representative Representative

www.wshfc.org/menegere/forms-RC.ntm Self-Certification of Annual Income | Rev. January 2014 .

Page 2 of 2

	Pear Tree	Place LL	G			104				Ur	oit#: 114
Household Name:	Farias				8						
PART X. INCOME	CALCULATE	ON									
Calculate annual incorporation (e.g., or ection below. Count	me for all of the vertime tips; pa the greater of a	household's ay increases, anticipated or	incon benu YTD	ne sources. Fo ses, etc.). For a wage earnings.	r was each Circ	je semera, use s wėge earner, ak ile or identify am	separate so calcu ounts u	ine late	(s) to calcula their Year-to- to calculate T	le additional e Dale earnings ofal Househol	mployment using the "YTD" d Annual Income (X)
Resident Name	95455	of Income		Pay Frequency		Pay Rate (gross)	# hours wee	per	# weeks par year	ø months per year	Annual Income
adira Farias	Employmen	n		hourly		\$13.00	24.0	0	62.00		\$16,224.0
'adira Farias	Employmen	nt		hourly		\$18.75	8.0		11 days	UNIX.	\$1,850.0
	-										
		<i>i</i> .									
	1		-					-	- 1		
1		1			-				-		
				19		-					
Additional for Wage		y - Calculate Period End Date		Total	* (Y	TD) income # of Weeks in		-250		× 52 =	YTD
To Management and the second				TD Amount	150	YTD Period		W	eekly Amour	it OR # of	Annual Income
'adira farias	01-14-16	01-27-17	-	16,477.58	1		-	W-	eekly Amour 310.9	Weeks	Annual Income
'adira farias	01-14-16	01-27-17	-		1	YTD Period			310.9	Weeks	Annual Income
'adira farias	01-14-16	01-27-17	-		1	YTD Period	-  -  -  -	5	310.9	weeks 0 x 52 = x 52 = x 52 =	Annual Income
'adira farias	01-14-16	01-27-17	-		1	YTD Period	-	5	310.9	weeks 0 x 52 = x 52 =	(C. 100 Person )
'adira farias	01-14-16	01-27-17	-		1	YTD Period	-  -  -  -	5	310.9	weeks 0 x 52 = x 52 = x 52 =	Annual Income

www.wshfc.org/managers/forms-RC.htm Household Eligibility Certification | Rev.March 25, 2018.

Page 3 of 3

TOTAL:

#### EMPLOYMENT VERIFICATION

	Permi Connox 118703 CRAA DR	ent's employer by en-site s form to kielter omaloye	personnisi.	
C. (Name & politices of employer)  RIVERVIEW  555 F. G. D.  SELAH, W.)	Manor Hlander	lol.	1 Request 20 Request 3rd Request Fax #: Attn:	
Applicant/Realdont Normal Applicant/Realdont Normal Applicant/Realdont Normal Applicant/Realdont Normal Applicant/Realdont Applicant/Realdont	Marie Company (Company)	CD Security Number  2/1/17  Date	_ · _ u	nk é (Y szakgned)
he individual named above is an applicant/rep or dential to substitution of their stated purpos	ident of a housing program that a conly. Your prompt response is	equires verification of incom orucial and greatly apprecia	e. The information p led.	rowleds with recording
Diana McClaska 509-853-810 Phone Number	24	Redum Ferm To:	169-01 169-0	203
	o deputie ja de cita	CHARLET PROPERTY.	0.3000	14 14 14 14 14 14 14 14 14 14 14 14 14 1
Presently Employed. BY Yes Option Committee of the Commit	ekly     monthly	w) Average#oiregu ∃eom-monthly □	ne of Employment ar hours per weals: yearly   of all of Pay Partods in	7
Destricts Rate: S 1875  Simily Differential Rate: S 1876  Commissions, borsees, tipe, other 6  Dourty D weekly bisver  Ust any unlicipated increase in the employed  Does the employed perticipate in a 401(6) 6  The employed work is seasonal or appract  If no Sectal Security number was provide	wa's rane of play within the next teliminent account?	Average # of overtime his  Average # shift different slow) Included in Y-T-D cerni-monthly D 12 months. #-5 D 12 months. #-5 D 13 No Cern employe slod(s)	Noure per Week	1a: 8/20/17
Sin'th Differential Rate: 8 M/A- Commissions, boruses, tips, other 6 nourly (2) weekly (2) binver List any anticipated increase in the employee Does the employee perticipate in a 401(k) 6 If the employee work is seasonal or appraid	per hour  (chack one besty   monthly   exty   monthly   exty rate of pay within the next retirement account?   Yes  a please indicate the layoff pe	Average # of overtime his  Average # shift different slow) Included in Y-T-D cerni-monthly D 12 months. #-5 D 12 months. #-5 D 13 No Cern employe slod(s)	whours per Week figure 20049? [ yearly [] of Hp. Citachive Da a cooper the scooper?  X Yes	Mar. 3/20/17 10! 9/20/17
Shift Differential Rate: 8	ger hour  (chack one be (chack one be ckty   monthly    e's rate of pay within the next returnent account?   Yes  (c. pleases indicate the layoff pe-  ed, dict amployar view picture  Robbert  Employa	Average & of overtime he Average & shift different elow) Included in Y-T-D cemi-monthly D 12 months. #50 pre is A No Cemenology flori(s) is identiffication?  LAGE C To Printed Nome and Title Accircas	A Yes	Date (5:00)
Shift Differential Rate: 8 WA  Commissions, parases, tipe, other 6  Inputy   weekly   binner  Ust any anticipated increase in the employe  Dass the employee perticipate in a 401(k) F  I the employee work is seasonal or appract  If his Social Security number was provide  Additional Remarks:  Employer's Standure  RUCCUSED MONOON	per hour  (chack one be city   morphy    can rate of pay within the next returned account?   You can be can	Average & of overtime he Average & shift different elow) Included in Y-T-D cemi-monthly D 12 months. #50 pre is A No Cemenology flori(s) is identiffication?  LAGE C To Printed Nome and Title Accircas	A Yes	2///7 Dallo (58

**CAPER** 

#### INCOME VERIFICATION/CLARIFICATION BY TELEPHONE

Property Name: Pear Tree Place unit: 114
Residont Name: Yadira Farias
Employer (Company): RIVEVUIEW MOLNOV Phone Number: 509-697-333
Name and Title of Person Contacted: Robert Kaevahev
If this form is being used as an alternative to the <i>Employment Verification</i> , include back-up documentation (such as a copy of a pay stub).
If this form is being used to verify income, all blanks must be filled in, either with "N/A" or "would not disclose," etc. This will ensure that nothing has been overlooked, such as pay ratees or bonuses. If you are using this form to clarify information you need only to complete what you are clarifying.
Only enter them that are being clarified.
Presently Employed;
She will get a 50° raise in August 2017 This form was completed on: 2-1-17
By: Wind Management Representative Signature Drana Mclaskey  Print Name  Print Name

www.wehlc.org/managers/forms-RC him Income Verification Clarification By Telephone | Rev. February 2013 |

## RIVERVIEW MANOR

## Employee History Report by Employee Name Employee ID FARIASYA, 1/1/2016 to 2/1/2017

Employee ID /	Name	Check #	Date	Gross Pay	PWT	FICA	SWT	SOI	SUI	Net Pay
FARIASYA	YA	dira j fari	AS							
		30859	07/14	625.56	7.17	47.85	0.00	0.00	. 0.00	563,26
		30903	01/26	574.56	2.07	43.96	0.00	0.00	0.00	521.23
		30974	02/11	578.64	2.48	44.26	0.00	0.00	0.00	507.50
(a.	31020	02/25	524.40	0.00	40.13	0.00	0.00	0.00	477.63	
	31089	03/10	573.00	1.92	43.82	0.00	0.00	0.00	507.50	
	31134	03/24	565.44	1,16	43.26	0.00	0.00	0.00	507.50	
		31177	04/07	576.60	2.28	44.11	0.00	0.00	0.00	522.81
		31234	04/21	575.16	2.13	44.00	0.00	0.00	0.00	521.73
		31281	05/05	572.76	. 1.89	43.82	0.00	0.00	0.00	519.7
		31360	05/19	482,16	0.00	36.88	0.00	0.00	0.00	439.15
		31403	06/02	643.56	8.97	49.23	0.00	0.00	0.00	577.19
		31473	06/16	482.04	0.00	36.88	0.00	0.06	0.00	439.00
	31513	06/30	581.16	2.73	44.46	0.00	0.00	0.00	526.50	
	31581	07/14	584.40	3.06	44.71	0.00	0.00	0.00	529.2	
		31627	07/28	583.20	294	44.61	0.00	0.00	0.00	528.2
	31694	09/11	376.36	2.25	44.10	0.00	0.00	0.00	522.6	
		- 31728	08/25	579.00	2.52	44.29	0.00	0.00	0.00	524.8
	31780	09/08	591.25	3,74	45.22	0.00	0.00	0.00	535.0	
	31827	09/22	703.75	14.99	53.85	0.00	0.00	0.00	626.3	
	31893	10/07	602.75	4.89	46.13	0.00	0.00	0.00	507.5	
		31938	10/11	607.25	5.34	46.45	0.00	0.00	0.00	511.1
	32015	11/04	606.25	5.24	46.37	0.00	0.00	0.00	510.3	
	32066	11/18	606.25	5.24	46.38	0.00	0.00	0.00	510.3	
	32134	12/02	657.44	10.36	50.30	0.00	0.00	0.00	589.3	
		32181	12/16	605,88	5.20	46.35	0.00	0.00	0.00	546.9
000		32244	12/30	617.88	6.40	47.27	0.00	0.00	0.00	556.6
is .	32288	01/13	605.25	4.95	46.31	0.00	0.00	0.00	546.7	
	32351	01/27	595.63	3.99	45.55	0.00	0.00	0.00	538.9	
			16,477,58	113,91	1,260.53	0.00	0.00	0.00	14,715.2	
7		Report totals		16,477.58	113.91	1,260.53	0.00	0.00	0.00	14,715.2
					1.4	L	Va.	6		

2/L/2017 8:50:30 AM Emphayee History Report by Exployee Name Page 1

RIVERVIEW MANOR

40\40 30A9

BINEMNIEM WOMING
BECEINED 85/87/50%1 76:407W

05/01/5014 10:42 1200c66444T

### **Public notices**

February 8, 2018

#### Noticias Legales

#### Noticias Legales



Ciudad de Yakima Office of Neighborhood Development (ONDS)



## PETICIÓN PARA COMENTARIOS PÚBLICOS Y REUNIONES DE OPINIONES PUBLICAS

La Ciudad de Yaldma, Oficina de Servicios de Desarrollo de los Vocindarios (ONDS siglas en Ingléa) estará proveyendo un fiberquejo del Reporte de Evaluación y Desarrollo Anual consolidado 2017 para la revisión pública y abrirá un periodo de quince días (15) para comentarios escritos que comienza el 12 de febrero, 2018 y dura hasta el 26 de febrero, 2018. Todas las opinionos deben ser enviadas al Gerente ONDS Archie M. Matthaws an Neighborhond Devalormant Saviges (12.5. et 12.5. et 12. Matthews en Neighborhood Development Services, 112 S. 8th Street, Yakima, WA 98901.

Este Reporte de Evaluación y Desarrollo Anual Consolidado es un resumen del trabajo y los logros en la Cludad de Yakima del Bioque de Subvenciones para el Desarrollo Comunitario (CDBG siglas en inglés) y Programas Sociedad de Inversiones HOME fundado por el Departamento de la Vivienda y Desarrollo Urbano de los E.U. (HUD) para el año fiscal 2017. Los fondos para estos programas son administrados por Office of Neighborhood Development Services (Oficina de Servicios de Desarrollo de los Vecindarios ONDS) Vecindarios ONDS)

Copias del Reporte de Evaluación y Desarrollo Anual Con-solidado el "Bosquejo" de del Reporte de Evaluación estarán disponibles comenzando el lunes, 12 de febrero, 2018, en las siguientes localidades

Glly Glarks Office, City Hall, 129 N. 2nd Street, Yakima, WA

98901 Neighborhood Development Services, 112 S. 8th Street, Yakima, WA 98901

Dos "Audiencias de Opiniones Públicas" están programadas para el 20 de fabrero, 2018 a las 6:30 p.m. en el Yakima City Hall localizado en 129 N. 2nd Street, Yakima, Washington 98901, en la City Council Chambers. La segunda reunión de comentarios está programada para el 20 de marzo, 2018 a las 6:30 p.m. en el Yakima City Hall, en la City Council Chambers. Para información adicional, contacte a Office of Neighborhood Development Services en 112 South 8th Street o llame a nuestra oficina al (509) 575-6101.

Ciudadanos de bajos y moderados ingresos que vivan dentro de los límites de la ciudad de Yakima se les invita especialmente a que asistan. Les peficiones para asistencia bajo las provisiones la Ley Americanos con Discapacidades, traducciones al español u otros servicios, pueden ser hechas anticipadamente llamando o contectando a ONDS en la dirección amba mencionada.

(791642) February 8 and March 8, 2018

## February 4, 2018

### Public Legal Notices Public Legal Notices



City of Yakima
Office of Neighborhood Development Services (ONDS)



## REQUEST FOR PUBLIC COMMENT AND PUBLIC INPUT MEETINGS

The City of Yakima. Office of 'Neighborhood Davelopment Services will provide a "Draft" of the 2017 Consolidated Annual Performance and Evaluation Report (CAPER) for public review and an open fifteen (15) written comment period beginning February 12, 2018 through February 26, 2018. All written comments must be sent to ONDS Manager Archie M. Matthews at Neighborhood Development Services, 112 S. 8th Street, Vakima. Wa gapart. Yakima, WA 98901,

This Consolidated Annual Performance and Evaluation Report is a summary of performance and accomplishments on the City of Yakima's Community Development Block Grant (CDBG) and HOME Investment Partnership programs funded by the U.S. Department of Housing and Urban Development (HUD) for fiscal year 2017. The funds expended on these programs are administered by the Office of Neighborhood Development Services.

Copies of the Consolidated Annual Performance and Evaluation Report "Draft" will be available starting Monday, February 12, 2018, at the following locations:

City Clerks Office, City Hall. 129 N. 2nd Street, Yakima, WA 98901 Neighborhood Development Services, 112 S. 8th Street, Yakima, WA 98901

Two "Public Input Meetings" are scheduled for February 20, 2016 at 6:30 p.m. at the Yakima City Hall located at 129 N. 2nd Street, Yakima, Washington 98901, in the City Council Chambers. The second input meeting is scheduled for March 20, 2018 at 6:30 p.m. at Yakima City Hall, in the City Council Chambers. For additional Information, contact the Office of Neighborhood Development Services at 112 South 8th Street or call our office at (509) 576-6101.

Low and Moderate income citizons living within the Yakima city limits are encouraged to attend. Request for assistance under the provisions of the Americans with Disabilities Act, Spanish translation, or other services, can be made in advance by calling or contacting the ONDS Manager Archie M. Matthews at the phone address. above address.

(791640) February 4 and March 4, 2018