



Received by: _____
 Date: _____ Time: _____

APPLICATION FOR OCCUPANCY

Community name: Lakeshore Village

Complete in pen only. Each section must be completed. If a question does not apply, please indicate by inserted N/A in the blank

Applicant Name: _____ Phone Number: _____
 Address: _____ Alternate Number: _____
 City, State, Zip: _____ Email Address: _____

Part A: Household Information

1. Household Members

	Name	Relationship to head S-Spouse O-other adult D-Dependant	Marital Status D-Divorced M-Married S-Single L-Legally Separated W-Widowed	Social Security Number	Age	Date of Birth
Head		Self				
Co-head						
3						
4						
5						
6						
7						

2. Will the number of household members change in the next 12 months? Yes or No
 If Yes, please explain: _____
3. Apt. size(s) for which you are applying: (Check all that apply): Studio 1 2 3 Bedroom(s)
4. Are you applying to live at an elderly community as a non elderly handicapped or disabled individual? Yes or No
5. Will you or a member of your household benefit from an apartment with accessibility features? Yes or No
 If yes, what features? _____
6. Do you have any pets? Yes or No
 If so, what kind? _____ How many? _____
7. How many vehicles in your household? _____
 Are you interested in renting a carport(s)? Yes or No

Part B: Rental History

1. Do you currently own your home? Yes or No
2. Have you ever been evicted or removed from rental housing due to non-payment of rent, fraud, failure to comply with the recertification process, etc? Yes or No
3. If you accept an apartment here, will this be your only residence? Yes or No
4. Are you or will you be the recipient of a housing voucher from a local agency or housing authority? Yes or No
If yes, provide the name issuing source: _____
5. Are you currently living with family and do not have any rental history? (If Yes, go to Part C) Yes or No
6. Current Landlord Information

Landlord Name: _____ Monthly Rental Rate: _____
Address: _____ Contact#: _____
Reason for moving: _____

7. What was your previous address? _____

8. Previous Landlord Information

Landlord Name: _____ Monthly Rental Rate: _____
Address: _____ Contact#: _____
Reason for moving: _____

Part C: Student Information

1. Are you a student or have you been a student in the past 12 months? Yes or No
2. Do you anticipate being a student in the next 12 months? Yes or No
If no to both, skip the remainder of this section and proceed to Part D.
3. Name of school you were, are, or will be attending? _____
4. Are you attending part time or full time? _____
5. Are you receiving financial assistance in the form of grants and/or scholarships? Yes or No

Full-time students or applicants who anticipate becoming a full-time student should answer the questions below:

- a. Are you married and filing a joint tax return? Yes or No
- b. Are you enrolled in a job training program receiving assistance under the Job Training Partnership Act? Yes or No
- c. Are you a AFCE or Title IV Recipient? Yes or No
- d. Are you a single parent living with your minor child who is not a dependent on another's tax return? Yes or No
- e. Have you have been under the care or placement of the foster care system? Yes or No

Part D: Income and Assets

Include gross Income expected during the next 12 months

	Name of Source (s)	Income expected	How often? Annually, Monthly, Weekly
Wages, Salary			
Tips, Bonuses			
Business or Rental Income			
Social Security			
SSI			
Do you receive \$42 every three months from the DHS? Yes or No			
Pension or Annuities How Many?			
Retirement Funds or IRA Accounts			
VA Benefits			
DHS Cash Assistance			
Child Support			
Unemployment Benefits			
Cash contributions			
*Other:			

* Other Income may include: Disability Compensation; Workman's Compensation; Severance Pay; Regular or Special Pay and Allowances for Head of Household in the Armed Forces

Assets

	Name of Financial Institution(s)	Account Number(s)	Current Balance or Current Value	Amount of income or dividends expected.
Checking # 1				
Checking # 2				
Savings # 1				
Savings # 2				
Direct Express Deposit Card from SSA	Direct Express			N/A
# of CD Accounts: _____				
Money Market Fund				
Stocks:- #of Shares				
Stocks:- #of Shares				
Bonds: Type: How Many?				
Bonds: Type: How Many?				
Whole or Universal Life Insurance				

Other Assets not listed on page 3:

Asset Type	Name of Financial Institution(s)	Account Number(s)	Current Balance or Current Value	Amount of income or dividends expected.

Real Estate Owned:

Address: _____ SEV: _____
 _____ Rental Income: _____
 Mortgage Balance \$ _____ Mortgage Company: _____
 Plans for home once occupancy has been accepted: _____

Property Sold Under Land Contract

Original Amount of Land Contract: \$ _____ Outstanding Balance: \$ _____
 Terms of Contract: \$ _____ per month OR \$ _____ per year
 Interest Rate: % _____

Asset Disposed:

Have you disposed of any assets for less than fair market value in the past 2 years? Yes or No

If yes please explain: _____

Background Information

- Have you been convicted of a crime? Yes or No
 If Yes, When: _____ State: _____ County: _____
 What was the nature of the crime: _____
- Do you currently use or distribute any illegal controlled substances? Yes or No
- Provide a complete list of states in which you or your dependents have resided? _____
- Have you or any other member of your household subject to a lifetime sex offender registration requirement in any state? Yes or No

Emergency Contact Information

Person to contact in case of emergency:

Name: _____

Address: _____

Relationship: _____

Contact Number: _____

Alternate:

Name: _____

Address: _____

Relationship: _____

Contact Number: _____

Acknowledgement and Signatures

I certify that I am not presently using or addicted to a controlled substance, nor have I ever been convicted of possession or distribution of a controlled substance. I certify that all of the information on this application is true and correct to the best of my knowledge and belief. Inquiries may be made to verify this information. Falsification of any information will result in automatic rejection of my application. I understand that a background investigation will be performed using a crime data report issued by CoreLogic SafeRent, other criminal back ground check reporting software, and/or state and local criminal reporting data, on all household members, age 18 or older. I understand that a consumer credit report will be ordered from a consumer-reporting agency and that this information will be reviewed and used in determining qualification for tenancy as initiated by this application. If the application is approved, resident expressly authorizes Owner or Owner's Agent (including a collection agency) to obtain resident's consumer credit report, which Owner or Owner's Agent may use if attempting to collect past due rent payments, late fees, or other charges from resident, both during the term of the lease and thereafter. No tenancy is created by the signing of this application. *For Non-HUD communities only: In the event the applicant does not see fit, for any reason, to execute a lease with Landlord, the sum of not less than \$100.00 shall be deducted from the deposit monies and retained by Landlord for expenses incurred in re-renting the apartment. The applicant may be held accountable for any additional loss occasioned by the Landlord by virtue of withholding the apartment described herein from the rental market after the date of acceptance of this application.* The standard lease is required to be executed prior to occupancy. ***I certify that the rental unit, which I/we will occupy, will be my/our permanent residence and further certify that I/we do not and will not maintain a separate subsidized rental unit in a different location.***

Applicant

Date



Michigan State Housing Development Authority

ANNUAL STUDENT ELIGIBILITY CERTIFICATION

(For LIHTC and Bond-Financed Projects)

This form must be completed for all households in which any of the occupants are students, either full-time or part-time. All household members age 18 or older (or if under 18 and qualified as Head, Co-Head, or Spouse) must complete, sign and date this form upon move-in and at least annually thereafter or whenever there is a change in student status during the entire compliance period of the project.

Property Name: MSHDA #:
Unit Address/Number: TIC Effective Date:

Table with 4 columns: Name of Household Member, Currently a Student, and If not currently a student, was the member a student at any time during the past year? (Yes/No/N/A). Rows include Head and numbered members 2-6.

A. [] At least one household member () is currently a non-student and has not been (and will not be) a student during any part of any five different months of the calendar year. A Student Status Verification form must be completed if this individual attended school at any time during the past twelve months.

B. [] Household contains all students, but is qualified because the following occupant () is currently a part-time student and this part-time student has not been (and will not be) a full-time student during any part of any five months (consecutive or different) of the calendar year. A Student Status Verification form is required for the part-time student.

C. [] Household contains all full-time students but is qualified because the household meets one or more of the exceptions provided in IRC Section 42 and listed below.

- At least one student is receiving assistance under Title IV of the Social Security Act (i.e. welfare, AFDC, TANF, etc.) [] Yes [] No Program:
At least one student was previously under the care and placement responsibility of the state agency responsible for administering foster care? If yes, attach documentation of previous foster care participation. [] Yes [] No
At least one student participates in a program receiving assistance under the Job Training Partnership Act, Workforce Investment Act, or under other similar federal, state or local laws? If yes, attach documentation of current participation.

[] Yes. Program Name: [] No

- At least one student is a single parent with child(ren) and this parent is not a dependent of another individual and the child(ren) is/are not dependent(s) of someone other than the other (or absent) parent? If yes, attach documentation such as a tax return or court order establishing custody.

Yes No Explanation:

- At least one student is married and entitled to file a joint tax return. If yes, attach a copy of the marriage license or the most recently filed tax return.

Yes No Document Attached:

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge. I/we agree to notify management immediately of any changes in this household's student status. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Signature of Applicant/Resident

Printed Name of Applicant/Tenant Date

Signature of Applicant/Resident

Printed Name of Applicant/Tenant Date

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

Note: The five months need not be consecutive. If the individual attended school full-time for even one day of calendar month, that month counts toward the five months.

STUDENT STATUS QUESTIONNAIRE

(To be completed by each Household member over 18 and emancipated minors)

Applicant\ Resident Name: _____

Unit#: _____

Our rental community provides affordable housing under Section 42 of the Internal Revenue Code. Households residing or applying for occupancy are required to disclose their student status and future intentions for purposes of determining student status eligibility. Certain households with students may be ineligible for occupancy. Please answer the following questions regarding student status.

- Yes No 1. I am presently a full-time or part-time student.
- Yes No 2. I was a full-time student sometime in the past twelve-month period.
- Yes No 3. I anticipate becoming a full-time student sometime during the upcoming twelve-month period.

If you answered yes to items #1, #2 or #3, please list the name and address of school or educational institution.

- Yes No 4. Will there be any adult household members who are full-time students?
If so, please name: _____
- Yes No 5. I am married and filing a joint federal tax return with your spouse?
Please provide your most recent tax return.
- Yes No 6. I am currently receiving assistance under the Job Training Partnership Act in the form of a job-training program. *Please provide supporting documentation.*
- Yes No 7. I am currently receiving assistance under Title IV of the Social Security Act (i.e. TANF). *Please provide supporting documentation.*
- Yes No 8. I am a single parent with minor children, none of whom is a dependant of a third party other than a parent.
- Yes No 9. I was previously under the care and placement of a state or local county foster care program. *Please provide supporting documentation.*
- Yes No 10. I agree to notify the Property Management immediately if my student status changes at any time during my residency.

By my signature, I certify the above representations to be true as of the date shown below. I further understand and agree that any misrepresentation herein will be considered a material breach of my lease agreement and could lead to eviction, financial and other penalties. Prior to move-in, I will notify management of any changes in these circumstances.

Applicant/Resident Signature_____
Date

**Race and Ethnic Data
Reporting Form**

U.S. Department of Housing
and Urban Development
Office of Housing

OMB Approval No. 2502-0204
Exp. 06/30/2017

Lakeshore Village

2812 Ontario Ct

Name of Property

Project No.

Address of Property

Lockwood Management

LIHTC

Name of Owner/Managing Agent

Type of Assistance or Program Title:

Name of Head of Household

Name of Household Member

Date (mm/dd/yyyy): _____

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	Select All that Apply
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

*Definitions of these categories may be found on the reverse side.

There is no penalty for persons who do not complete the form.

Signature

Date

Public reporting burden for this collection is estimated to average 10 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. This information is required to obtain benefits and voluntary HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 5059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self-certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.
 1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
 2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
2. The five racial categories to choose from are defined below: You should check as many as apply to you.
 1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
 2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
 3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
 4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
 5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

Michigan State Housing Development Authority
CHECKLIST MSHDA PROGRAMS

(Issued under P.A. of 1969 as amended and Section 3 of the U.S. Housing (program) Act of 1937.)

Complete a separate form for each household member who is age 18 or older.

Name:	Unit Number:
-------	--------------

Yes	No	COMPLETE EACH ITEM:
------------	-----------	----------------------------

1			I am a citizen of the United States or a permanent legal resident.
2			I am presently a student. Check one: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Other _____
3			I was a student sometime during the past twelve-month period or anticipate becoming a student at sometime during the upcoming twelve-month period.

INCOME

4			I have a job and receive money/wages, tips, or bonuses. (List the businesses or companies that pay you.)
5			I am self-employed or operate my own business. (List the types of jobs you do.)
6			I earn income from periodic, temporary, seasonal or contractual employment/work.
7			I receive Social Security or Rail Road Retirement Act income.
8			I receive Supplemental Security Income (SSI).
9			I receive quarterly payments from FIA for the State-paid portion of a SSI grant.
10			I receive unearned income for a family member(s) age 17 or under (e.g.: Social Security, trust fund disbursements).
11			I receive periodic payments from retirement funds or pensions. If yes, how many funds or pensions? _____ List name(s) of fund or pension provider. _____
12			I receive disability or death benefits other than Social Security.
13			I receive Veteran's Administration benefits.
14			I receive Public Assistance. (Cash assistance only. Do not check yes for food stamps or Medicaid)
15			I receive cash contributions or gifts including rent or utility payments, on an ongoing basis from persons not living with me.
16			I receive unemployment benefits.
17			I receive periodic payments from Workers' Compensation.
18			I receive periodic payments from trust, annuity or inheritance. If yes, from how many sources? ____
19			I receive income from rental of real estate or personal property.
20			I receive periodic payments from lottery or other types of winnings.
21			I receive adoption assistance payments.
22			I receive alimony, maintenance, or spousal support.
23			I receive GI Bill benefits.
24			I receive military active duty allotments or regular pay as a member of the National Guard or Reservist pay.
25			I am a member of an Indian Tribe receiving gaming payments.

Yes	No	COMPLETE EACH ITEM:
26		I receive periodic payments from insurance policies or any type of settlement. If yes, how many policies? _____
27		I receive long term care insurance payments that exceed \$130/day or \$67,000 annually.
28		I receive other recurring or periodic income not listed above. Describe _____
29		I receive student financial assistance. (does not include student loans)

CHILD SUPPORT

30		I receive child support. If yes, from how many parents do you receive support? _____ If yes, is child support paid directly to FIA? Yes No
31		I have been awarded a judgment for child support but have not been receiving any payments or have not been receiving the full payments on a regular basis.
32		I anticipate filing a claim for child support within the next twelve months.

ASSETS

(Include all assets held or owned (either in or outside of the United States)

33		I have a savings account(s) at: _____ (List name(s) of institution)
34		I have a checking account(s) at: _____ (List name(s) of institution)
35		I have certificates of deposit at: _____ (List name(s) of institution)
36		I have a Direct Express card, pre-paid card, debit card, or paycard on which funds from Social Security, SSI, Child Support, DHS, unemployment or other agency are directly deposited. If yes, how many?: _____ From which Agency(ies)?: _____
37		I have cash held in my home or in a safety deposit box.
38		I have savings bonds. If yes, how many? _____
39		I have Treasury Bills. If yes, how many? _____
40		I have stocks.
41		I have bonds
42		I have mutual funds.
43		I have IRA's or Keogh account(s) at: _____ (List name(s) of institution)
44		I have time certificate(s) at: _____ (List name(s) of institution)
45		I own real estate and/or receive income from the rental of real estate. If yes, how many properties? _____
46		I own a mobile home.
47		I have land contracts. If yes, how many? _____
48		I hold a mortgage or deed of trust.
49		I have revocable trusts. If yes, how many trusts? _____
50		I have whole life or universal life insurance policy(ies). If yes, how many policies? _____
51		I have personal property held for investment purposes (gems, jewelry, collections, etc.).
52		I have lump sum receipts or one-time receipts.

Yes	No	COMPLETE EACH ITEM:
53		I have another name(s) listed on one or more of the above assets for beneficiary or other purposes, such as, power of attorney. These other persons do not own the assets and receive no income from the assets.
54		I have joint ownership on one or more of the above assets.
55		I have income/assets from sources other than those listed above. (Describe) _____
56		A member of my household is under the age of 13 and has assets (see Question #64 for list of assets). (Describe)

Yes No COMPLETE EACH ITEM:

ALLOWANCES/ DEDUCTIONS
(Complete the items below for Section 8, Section 236, and Moderate Projects Only)

57		I am Elderly (age 62 or older), Handicapped or Disabled and pay Medicare premiums.
58		I am Elderly (age 62 or older), Handicapped or Disabled and pay medical insurance premiums, other than Medicare.
59		I am Elderly (age 62 or older), Handicapped or Disabled and pay medical or prescription or chore provider expenses which are not reimbursed by insurance.
60		I am Elderly (age 62 or older), Handicapped or Disabled and pay long term care insurance premiums.
61		I pay child care expenses for a child age 12 or under in order to be gainfully employed or to further my education.
62		Family Independence Agency (FIA) pays child care expenses for a child(ren) age 12 or under in order for me to be gainfully employed or further my education. If yes FIA pays <input type="checkbox"/> full <input type="checkbox"/> partial.
63		I pay handicap care expenses for a handicapped/disabled family member in order to be gainfully employed.
64		I pay handicap equipment expenses for a handicapped/disabled family member which are not covered by insurance.

OTHER ITEMS

65		I have provided proof of Social Security number (or certification) for all household members five (5) years of age and older. (The certification for individuals under 13 years of age will be executed by a parent or guardian.)
----	--	---

DISPOSAL/ INVESTMENT OF ASSETS
(All Section 8 prospective tenants in all types of projects must complete this section (do not skip))

66	Initial	Initial	
			<p>I have sold, given away or otherwise transferred ownership of assets within the last two (2) years. <u>Initial</u> the "Yes" column or the "No" column at left. If yes, list item(s) and date(s):</p> <p><i>Assets include cash (totaling in excess of \$999), cash held in savings and/or checking accounts, trust funds, equity in real estate and other capital investments, stocks, bonds, Treasury bills, certificates of deposit, money market funds, IRA accounts, retirement and pension funds, lump sum receipts (i.e., lottery winnings, insurance settlements, etc.), and personal property held as an investment (i.e., gem or coin collections, paintings, antique cars, etc.). Do not include necessary personal property such as furniture, automobiles, and clothing.</i></p>

Under penalties of perjury, I certify that the information presented in this certification is true and accurate to the best of my (our) knowledge. The undersigned further understands that providing false representation herein constitutes an act of fraud. I will notify the Resident Manager when circumstances change, for possible recertification. False, misleading or incomplete information may result in the termination of the lease agreement and/or benefits.

Applicant / Tenant Signature _____ Date _____

**If you are changing, updating, or recreating this form after the effective date of your move in or annual certification-The information on this form is true and accurate as of _____, Initials: _____

AUTHORIZED RELEASE STATEMENT

REQUEST FOR INCOME, ASSET, OR ELIGIBILITY VERIFICATION

Community Name: Lakeshore Village Date: _____

Community Address: 2812 Ontario Ct.
 Howell, MI 48843

Applicant/Resident Name: _____

Dear Sir/Madam:

The recipient named on this Statement has applied for an apartment governed by the federal government's Housing Credit Program. We must verify all income and asset sources of this person and their household to determine eligibility for admission to this Community and periodically for the current residents. To comply with this requirement, your cooperation is needed in supplying the information requested.

This information will be held in strict confidence for use in determining eligibility status for this household. A signed authorization for the release of information appears below. Please complete the attached verification form(s) and return as soon as possible in the envelope provided. A copy and/or facsimile of this authorization statement shall also remain a legal request for information/verification.

If you should have any questions, please feel free to contact me at (517)546-6567

Sincerely,
Christina Collings
Community Manager

AUTHORIZED RELEASE STATEMENT

I,

(print name)

(Social Security Number)

hereby authorize the release of any income, asset, or eligibility information to Lakeshore Village. I further authorize this form and other verification forms that contain my social security number to be transmitted by fax machine in order to obtain income and asset documentation.

Note to Applicant/Tenant: You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank.

RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances which would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

Signature

Date

PENALTIES FOR MISUSING THIS CONSENT:

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

Attachment: Verification Form