



Office of Enrollment and Residency (OER) LEA Guide: *Accepting DC Financial Benefit Documentation*

It is the responsibility of each school and local education agency (LEA) to collect valid documentation to verify residency of students at the time of enrollment. There are several document types and methods enrolling persons can use to complete residency verification. For more information on the residency verification process, methods, and documents, please review the [OER Handbook on the OSSE website](#).

The purpose of this document is to provide LEAs and schools with additional guidance on reviewing DC financial assistance documents¹. Valid DC financial assistance documents can come from several different DC Government agencies making it uniquely difficult for review and acceptance by enrolling school officials. Current guidance, as outlined in the OER Handbook (version March 2021) is as follows:

Regulatory Requirement: Current official documentation of financial assistance received by the student or person seeking to enroll the student from the DC Government including, but not limited to, Temporary Assistance for Needy Families (TANF), Medicaid, the State Child Health Insurance Program (SCHIP), Supplemental Security Income (SSI), housing assistance, or other governmental programs.

Additional Interpretative Guidance: The document must be issued to the enrolling person within the past 12 months and be current (not expired) at the time of the school official's review of residency documentation and date of school official signature on the DC Residency Verification (DCRV) form. The document must have the same name and address of the enrolling person as identified on the DCRV. Documentation can also include a snapshot received from the enrolling person or the payment of benefits. While some documents may not include a signature of the official, the agency's title or letterhead should be present on the document. Some documents are considered recertification letters, and these should not be considered if the period for recertification has passed. For example, if the family is enrolling for the 2020-21 school year, a letter recertifying for 2019 would not be valid.

Federal financial assistance programs, except SSI, do not qualify as valid supporting documentation unless facilitated by a DC Government agency such as the Department of Human Services (DHS) or DC Housing Authority (DCHA).

The following are specific examples of DC financial assistance documents and factors considered in determining validity. For the purposes of this guide, all documents are assumed to apply to the correct school year at the time of enrollment.

¹ Pursuant to 5A DCMR § 5002.5, even if documentation is completed using the following guidance below, if a school/LEA reasonably concludes that additional information is needed to verify the student's residency, further documentation can be requested from the enrolling person.

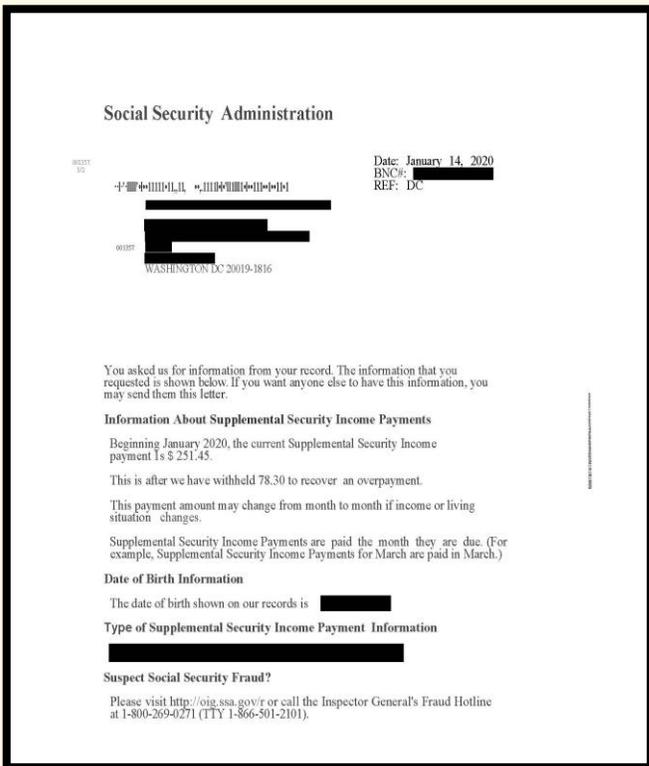
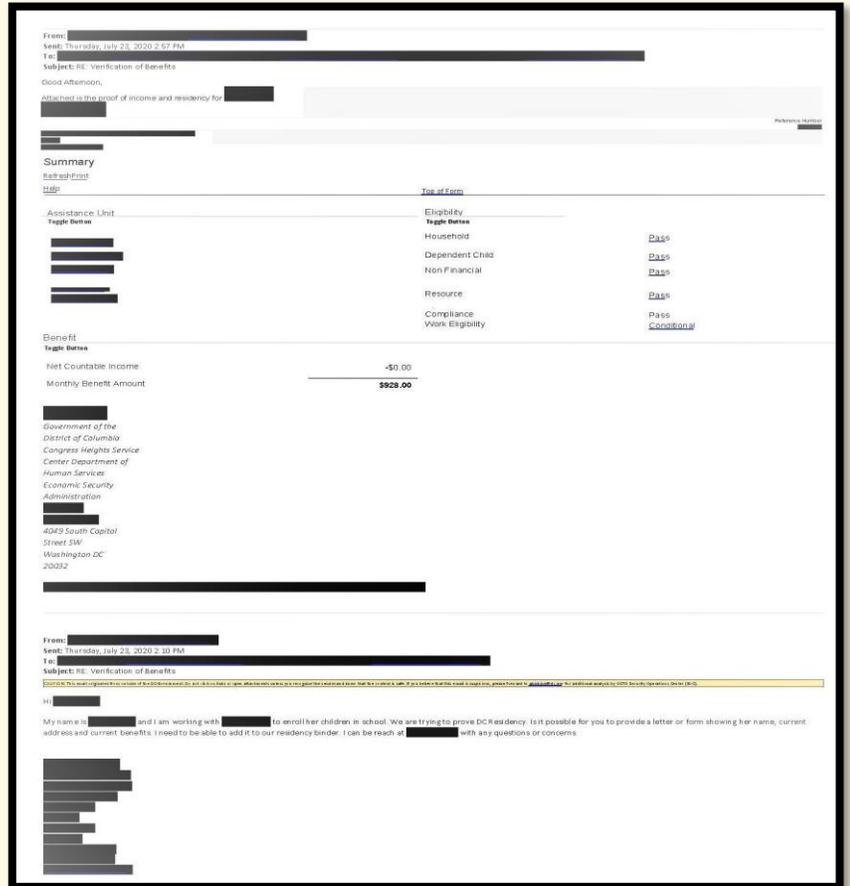


Examples of Acceptable Documentation

TANF (Email)

This email is acceptable because:

- It is issued to the same name and address of the enrolling person as identified on the DCRV;
- A snapshot of current financial benefits that are being received at the time of enrollment; and
- It is issued by a DC Government agency, the Department of Human Services (DHS).
- It also includes the agency official's contact information.



SSI Letter

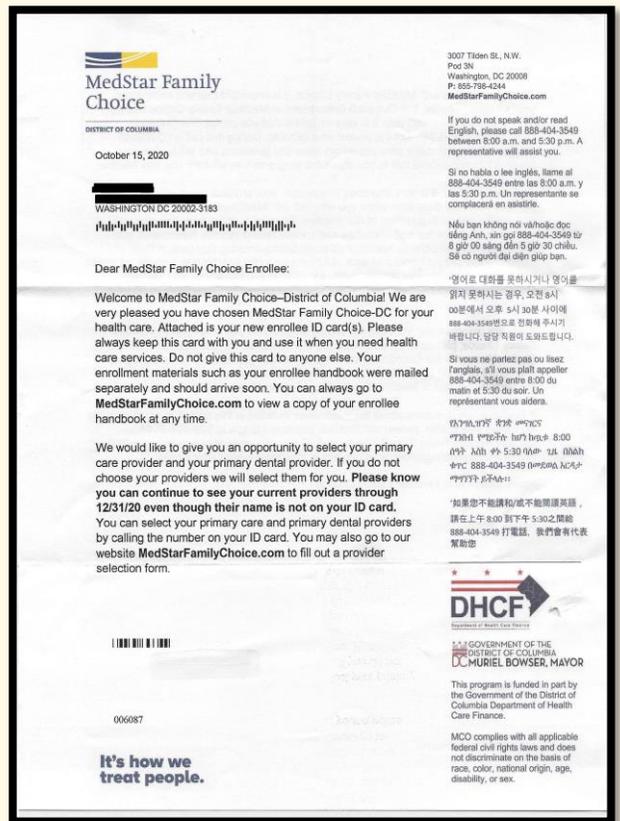
This letter is acceptable because:

- It is issued to the same name and address of the enrolling person as identified on the DCRV;
- It provides current financial benefits that are being received at the time of enrollment; and
- The document is on Social Security Administration (SSA) letterhead.

MedStar Letter

This letter is acceptable because:

- It is issued to the same name and address of the enrolling person as identified on the DCRV;
- It provides current financial benefits that are being received at the time of enrollment; and
- MedStar is the organization assigned to distribute Medicaid benefits and is facilitated by a DC Government agency, the Department of Health Care Finance (DHCFC).



Medicaid Snapshot

This snapshot is acceptable because:

- It is issued to the same name and address of the enrolling person as identified on the DCRV;
- It provides current financial benefits that are being received at the time of enrollment; and
- The snapshot identifies a Medicaid coverage plan and the DC Government logo is present on the document.

Low Income Home Energy Assistance Program (LIHEAP) Benefits

This document is acceptable because:

- It is issued to the same name and address of the enrolling person as identified on the DCRV;
- It provides current financial benefits that are being received at the time of enrollment; and
- It provides proof of benefits offered by a DC Government agency, Department of Energy and Environment (DOEE).

LIHEAP Benefits - [REDACTED] (XXX-XX-XXXX) (System)

SSN: XXX-XX-[REDACTED]

Name: [REDACTED]
 Address: [REDACTED] Washington, DC
 Zip: 20003

Home Phone: [REDACTED] Unit: 8
 Date of Birth: [REDACTED] Gender: F
 Type of Dwelling: Single-Family Living Arrangement: Own
 Heating Vendor: Electric
 Annual Income: \$8652.00
 Established: 2/4/2020 12:00:00 AM
 Last Revision: 2/4/2020 11:43:38 AM

Established By: [REDACTED]
 Revised By: [REDACTED]

Verification of Income:

Verification of Income		Total Household Members: 4	
1	Award Letter	2	Other
		Under 3:	0 3 to 5
		16 to 59:	3 60 and

	Vendor	Account #	Account Name	To
Regular:	PEPCO	[REDACTED]	[REDACTED]	Did Not Apply for Benefit
Emergency:	No Benefit Provided			Did Not Apply for Benefit
Special:	No Benefit Provided			Did Not Apply for Benefit

Application Affirmation and Authorization to Verify Income

1. I swear (or affirm) that the information on this application, and all information I have submitted on this application, is true, correct and complete to the best of my knowledge, ability and belief, and I understand that I will be notified if this application is denied and/or imprisonment for making false statements. My signature on this application grants authority to the Department of Energy and Environment (DOEE) to verify the information that I have provided.
2. I understand that I will be notified if this application is denied.
3. I hereby authorize the utility companies and Eligible Telecommunications Carrier (ETC) to provide information for the purpose of allowing DOEE and the effectiveness of services provided to consumers by DOEE.

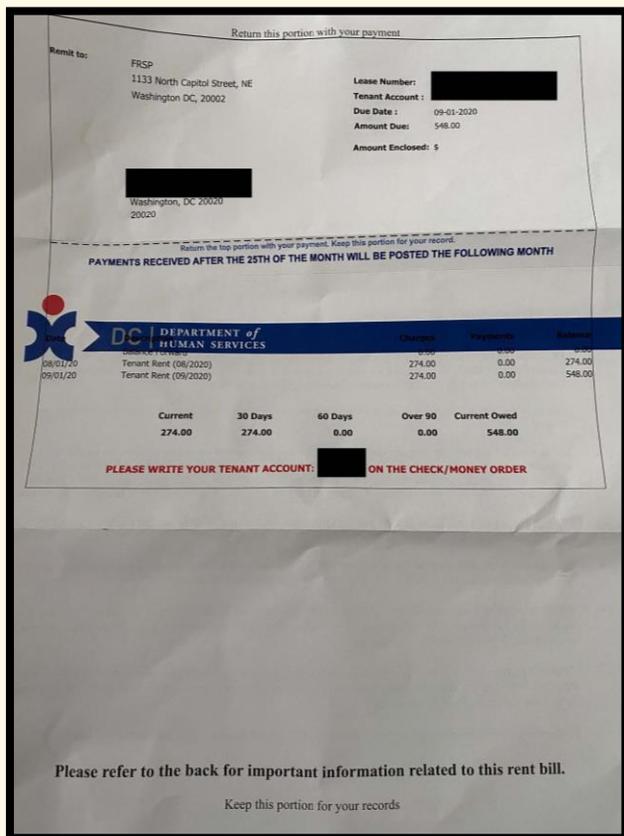
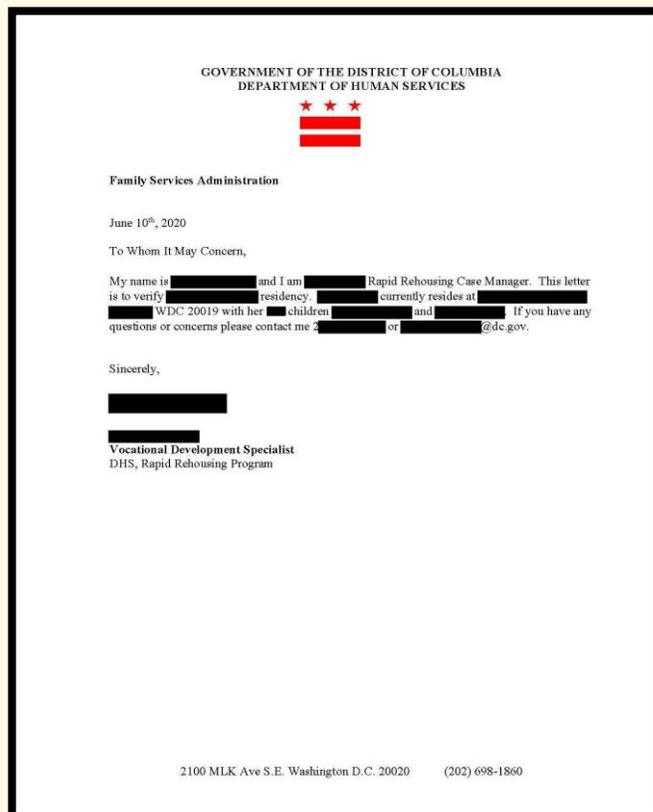
I understand that I am obligated to pay for my utility bills, regardless of approval or denial.

[REDACTED SIGNATURE]

DHS Case Manager Verification Letter

This letter is acceptable because:

- It is issued to the same name and address of the enrolling person as identified on the DCRV;
- It provides current financial benefits that are being received at the time of enrollment; and
- It is issued by a DC Government agency (DHS).



DHS Housing Bill

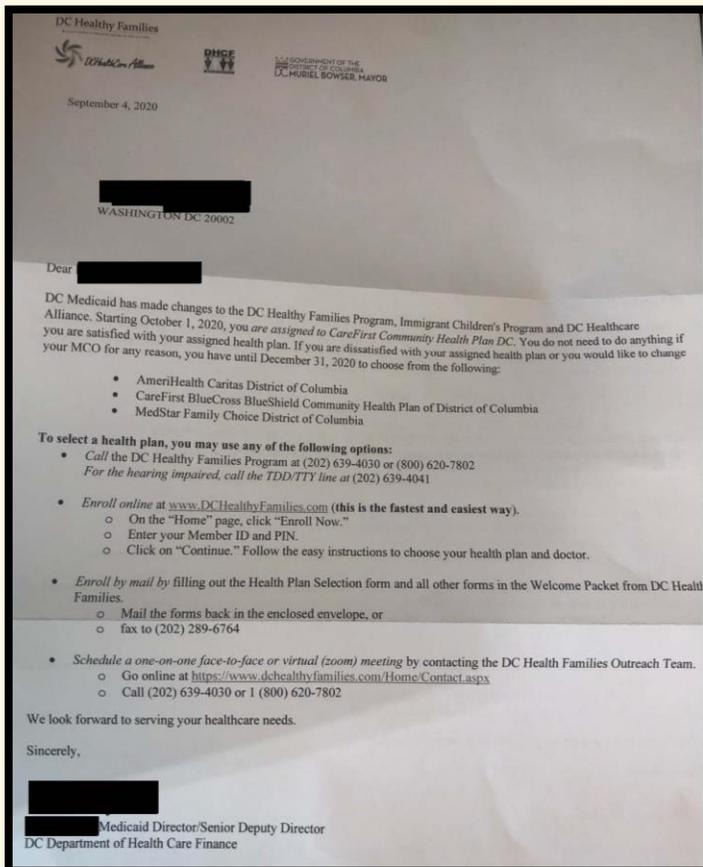
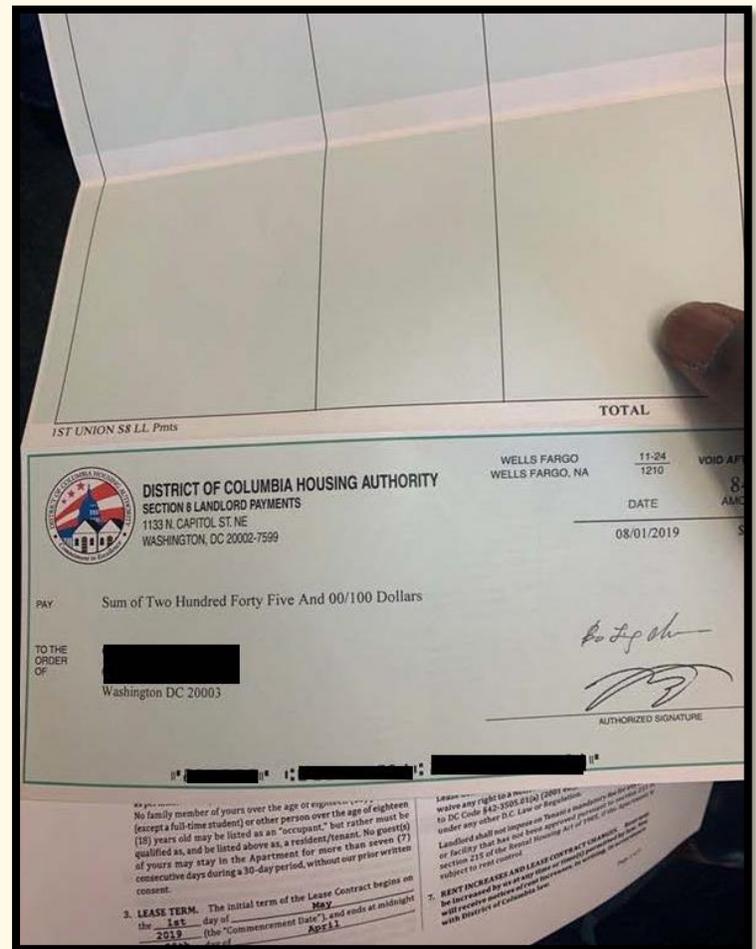
This document is acceptable because:

- It is issued to the same name and address of the enrolling person as identified on the DCRV;
- It provides a summary of charges, payments of rent and implies the receipt of DC financial assistance; and
- It is issued by a DC Government agency (DHS).

DCHA Check

This check is acceptable because:

- It is issued to the same name and address of the enrolling person as identified on the DCRV;
- It provides current financial benefits that are being received at the time of enrollment; and
- It is issued by a DC Government agency, DC Housing Authority (DCHA).



DC Medicaid Plan Selection Letter

This letter is acceptable because:

- It is issued to the same name and address of the enrolling person as identified on the DCRV;
- It provides current financial benefits that are being received at the time of enrollment; and
- It is issued by a DC Government agency (DHCF).

Unemployment Insurance Benefits

OSSE has identified Unemployment Insurance (UI) benefits distributed by the DC government as a valid supporting residency document for persons enrolling in a DC public school or public charter school. Because UI benefits are based on the location of employment and not where the recipient physically resides, use of UI benefits for residency verification must meet the following requirements to demonstrate DC residency:

- The enrolling person must submit a Monetary Determination Letter issued by the District of Columbia Department of Employment Services;
- The Monetary Determination Letter must have the name and address of the enrolling person as listed on the District of Columbia Residency Verification Form (DCRV);
- The enrolling person must submit a paystub dated within 60 days preceding the Mail Date on the Monetary Determination Letter;
- The Monetary Determination Letter must list the enrolling person as eligible for benefits;
- The benefit receipt must be current at the time of review;
- The paystub must contain the same name and address of the enrolling person as listed on the DCRV;
- The paystub must show a withholding amount greater than zero of DC personal income tax for both the current tax year and the current pay period;
- The paystub must identify DC as the only state tax deduction – no other state identified on the paystub.

DISTRICT OF COLUMBIA DEPARTMENT OF EMPLOYMENT SERVICES OFFICE OF UNEMPLOYMENT COMPENSATION MONETARY DETERMINATION			
MAIL DATE: []	PROGRAM	AMERICAN JOB CENTER	DEPENDENT ALLOWANCE
CLAIMANT INFORMATION			
Claimant's Name: []			SSN: []
Claimant's Address: []			
Benefit Year Begins: []	Maximum Weekly Benefit Amount:		
Benefit Year Ends: []	Maximum Potential Benefit Amount:		
<small>The base period of a claim is defined as either the first four of the last five completed calendar quarters or the last four completed calendar quarters immediately preceding the date the benefit year begins. Only wages earned during this time period are used to compute the weekly benefit amount. The weekly benefit amount is one twenty-sixth of the highest base period calendar quarter of wages not to exceed the maximum allowable by law. The maximum benefit amount is twenty-six times the weekly benefit amount.</small>			
THE BASE PERIOD OF THIS CLAIM IS [] to [] . The wages reported to DOES by the named employers during each of the quarters of the base period of this claim are listed in the following table.			
Employer Name			TOTAL REPORTED
TOTAL REPORTED			
<input type="checkbox"/> Information furnished by the claimant at the original claim interview raised no eligibility or disqualification issue. <input type="checkbox"/> A potential eligibility and/or disqualification issue currently exist with this claim. All available facts will be considered and a decision will be issued to interested parties.			
BASED ON THE INFORMATION ABOVE YOU ARE MONETARILY			
<input checked="" type="checkbox"/> ELIGIBLE FOR BENEFITS / HAVE SUFFICIENT BASE PERIOD WAGES <input type="checkbox"/> INELIGIBLE / HAVE INSUFFICIENT WAGES IN THE BASE PERIOD			
<small>If you worked during the base period outside of the District of Columbia, or for the federal government, or if you were in the military service, wages from such employment may not be shown on your initial Monetary Determination. In order for these wages to be added, you must advise DOES that you worked outside of the District of Columbia, or for the federal government, or if you were in the military service, so we can request your wages be transferred to the District. Your claim will be re-determined when these wages are received, and a revised Notice of Monetary Determination will be mailed to you. Carefully review every Notice of Monetary Determination that you receive.</small>			
IF YOU DISAGREE WITH THIS DETERMINATION YOU MAY MAKE A REQUEST FOR RECONSIDERATION WITHIN 15 DAYS OF THE MAIL DATE. Requests for Reconsideration: This monetary determination will become final unless you mail a request for reconsideration to: Benefits Division, Department of Employment Services, 4058 Minnesota Avenue NE, DC 20019. The request must be postmarked no later than [] . The request must include evidence that you had wages during the base period of this claim in addition to the wages indicated above. This evidence should include an affidavit signed by yourself certifying the wages you are reporting are true and correct. You may use DOES Form 193 which you can download from our website at does.dc.gov, or you can request a copy of the form by contacting us at 202-724-7000, or by reporting to your local American Job Center. Further, this evidence should include copies of paystubs, W2s from the employer(s), SF Form 50 (Federal Employment), DD214 (Military Employment) Copy 4, and any other documentation that supports your claim of additional wages in the base period. Failure to provide new evidence of additional wages paid during the base period listed above (evidence as described in this section) will result in denial of your request for reconsideration.			
<small>This notice concerns only monetary/wage credit issues pursuant to section 7 of the District Unemployment Compensation Act (D.C. Official Code § 51-107). This notice does not affect any other eligibility or unemployment separation decisions made pursuant to Sections 9 and 10 of the Act (D.C. Official Code §§ 51-109 and 51-110).</small>			
CLAIMANT'S COPY			

ABC VE Firm	Check #: 123
Payroll Account	Date: May 24, 2020
Pay to the order of <u>Enrolling Person</u>	\$1,403.56
One-thousand, four-hundred, three dollars and 56/100 Dollars	
Memo: PPE May 24, 2020	<u>Cash Isking</u> Chief Financial Officer

Detach check above before depositing and save checkstub below for your records.

ABC VE FIRM	Check #: 123
Employee: Enrolling Person	Date: May 24, 2020
Pay Period: May 13 - 24, 2020	
	Current YTD
Gross Earnings	\$1,680.00 \$18,480.00
Deductions:	
Federal Income Tax	\$141.38 \$503.88
Social Security (FICA)	70.56 200.56
Medicare	24.36 78.36
State (DC) Income Tax	23.34 98.34
State Disability Insurance (SDI)	16.80 84.80
Net Pay	<u>\$1,403.56</u> <u>\$15,439.16</u>

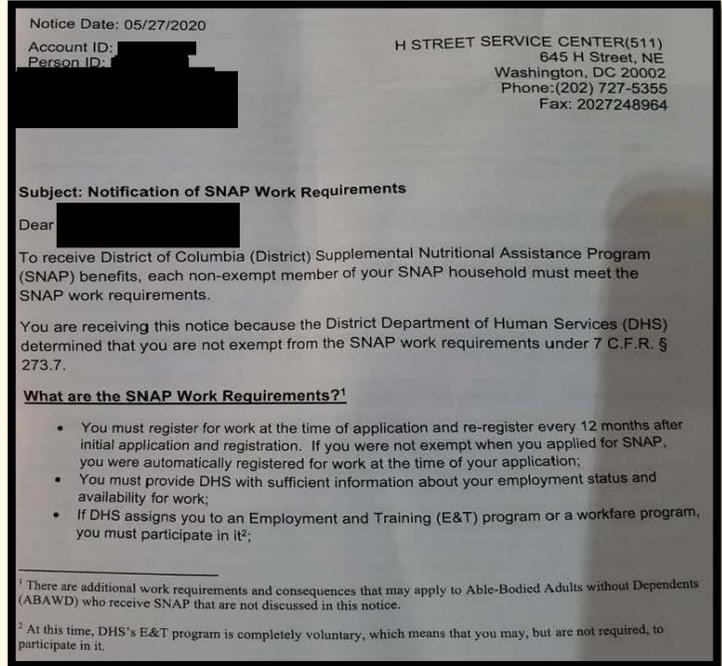


Examples of Unacceptable Documentation

SNAP Work Requirements Letter

This letter is unacceptable because:

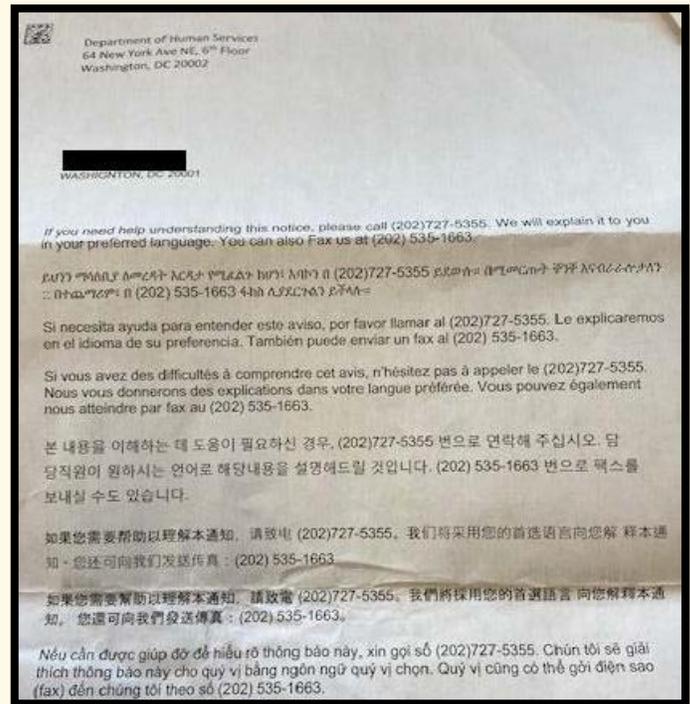
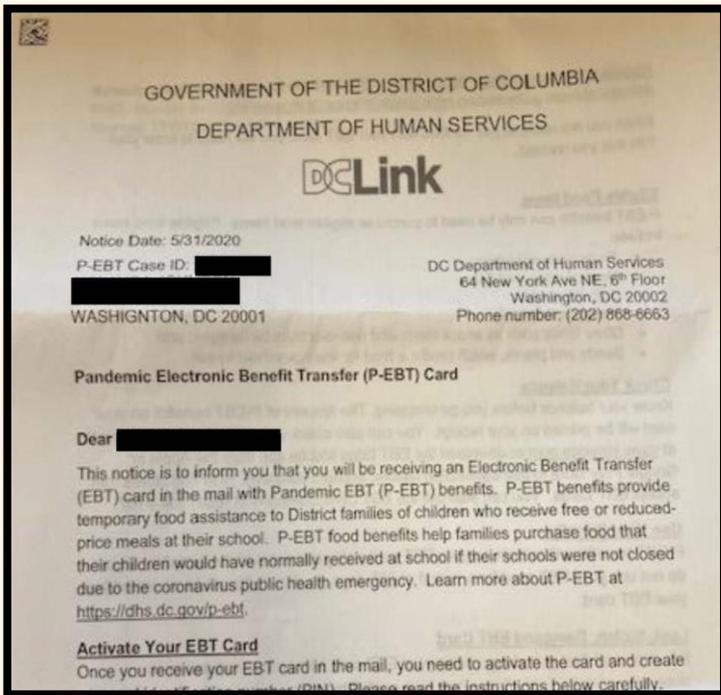
- It is stating eligibility requirements and does not provide proof of financial benefits being received by the enrolling person.



P-EBT

This letter is unacceptable because:

- This financial benefit is temporary and not current.



Home Purchase Assistance Program (HPAP) Eligibility Notification Letter

This two-page packet is unacceptable because:

- It is an approval to participate and does not provide proof of financial benefits being received by the enrolling person.

The greater of \$500 **OR** 50% of the amount of liquid (non-retirement) assets greater than \$3,000. Any additional amounts required to complete the closing will be your responsibility.

4. Acknowledgement and Agreement of Terms:
Please sign, date and return this form acknowledging your agreement with these terms within 5 days of receipt of this letter.

5. Expiration of Your Eligibility
Your eligibility for the HPAP second trust loan expires on Aug 20, 2020. You will be required to submit a new application if you have not completed the process by this date.

6. Required Homeownership Training Certification:
Immediately upon receipt of this notification you must contact either the Community Based Organization ("CBO") where you applied for HPAP, or any of the other three Homeownership CBOs listed at www.dchfd.dc.gov/page/homeownership-cbos to receive instructions on taking the homeownership training that is required for this program. Upon your successful completion of the homeownership training, you will receive your training certificate. Please email a copy of your certificate to DCHFA.

7. What You Must Do to Complete the Home Buying Process:
Within the first 12 Months or not later than Aug 20, 2020 you must:

- Complete pre-purchase homeownership training (see 6 above);
- Select your home and execute a sales contract.

After executing a sales contract you must:

- Have the home you are purchasing inspected by a **Licensed Home Inspector** (<https://entp.hud.gov/dapp/html/insplook.cfm>) and provide a copy of the inspection report to DCHFA for review and acceptance. If required, the seller/buyer must correct any defects identified and the home must be re-inspected;
- Obtain a **termite inspection report** and submit a copy to DCHFA for review and approval (required on all properties with the exception of condominium units located on the 4th floor or above)
- Obtain a firm commitment (approval) for a first trust mortgage;
- Work with your first trust lender to select a title company to perform settlement, and ensure lender submits complete package of information to DCHFA, including homeowners insurance and title documentation as instructed by DCHFA.

If you have any questions concerning HPAP loan processing, please contact DCHFA, Single Family Programs, at (202) 777-1600 or SingleFamilyPrograms@dchfa.org. Once your HPAP loan has been approved, please instruct your settlement company to contact the closing department at (202) 777-1600 or SingleFamilyPrograms@dchfa.org.

Sincerely, _____
HPAP Loan Processor

Acknowledged By: _____
Borrower _____ Date _____
Borrower _____ Date _____



NOTIFICATION OF ELIGIBILITY (NOE) FOR THE HOME PURCHASE ASSISTANCE PROGRAM ("HPAP")

The HPAP Program is funded by the D.C. Department of Housing and Community Development

District of Columbia Housing Finance Agency ("DCHFA")
Single Family Programs
815 Florida Avenue, NW
Washington, DC 20001
Phone: (202) 777-1600; Email: SingleFamilyPrograms@dchfa.org

Date: August 21, 2019

Borrower(s): _____
Address: _____
Washington, DC 20020

We are pleased to notify you of your eligibility for a second trust loan under the District of Columbia's Home Purchase Assistance Program.

Please note that the maximum first trust loan amount cannot exceed \$453,100 for this program.

1. Your DC Home Purchase Assistance Program Second Trust Loan:

We have determined your eligibility based upon the following information provided on your application:
Total Annual Household Income: \$ 75,059.90
Household Size: 3
If there are any changes in income, debts or household size, please contact our office immediately. Failure to communicate changes in your status will affect your eligibility.

Based upon the guidelines of the program, your second trust loan amount may not exceed \$ 44,000.00. The maximum loan amount includes \$4,000.00 for closing cost assistance.

The exact amount of your second trust loan will be determined after you have been approved for a first trust mortgage and you have contracted on a property. The HPAP loan will provide financing of the gap between the first trust mortgage you qualify for and the price of the property up to the maximum HPAP assistance indicated above.

The provision of your second trust loan is contingent upon the availability of funds from the government of the District of Columbia.

2. Selecting Your Home:

This Notice of Eligibility DOES NOT IMPLY any mortgage loan approval or commitment to lend. Please work with your first trust lender on qualifying for a first trust mortgage loan amount and your home price affordability. The home purchase price you can afford will reflect the combination of the first trust loan and the HPAP second trust loan amounts.

Remember the HPAP program limits the maximum first trust loan amount to \$484,350.

3. Your Contribution to the Down Payment:
Under the HPAP program guidelines, the minimum you must contribute of your own funds as a down payment (including Earnest Money Deposit) on your home is:

Department of Human Services Homeless Prevention Program (DHSHP) Agreement

This document is unacceptable because:

- This specific document is an approval for rental assistance for a residence in *another jurisdiction*; and
- The enrolling person would no longer be a DC resident.
- This document would be acceptable if it was for a DC residence.

DocuSign Envelope ID: [REDACTED]



May 14, 2020

Department of Human Services Homeless Prevention Program (DHSHP)
Rental Assistance Diversion Agreement

This agreement is between Ms. [REDACTED] and [REDACTED] (customer- HMIS # [REDACTED]/telephone number [REDACTED]). The family has been temporarily diverted to Ms. [REDACTED] aunt [REDACTED] at [REDACTED] [REDACTED], and also sometimes visiting with Ms. [REDACTED] grandfather Mr. [REDACTED] in the same building [REDACTED]. Ms. [REDACTED] has identified a new unit which she plans to rent. Ms. [REDACTED] was recently approved for a unit with located at [REDACTED], Ms. [REDACTED] has submitted a copy of her approval Letter The landlord, [REDACTED], has requested May's Pro Rate Rent and June's Rent in the amount of \$2,593.55 and security deposit of \$3,350.00. Ms. [REDACTED] was referred to ERAP, and she was approved for \$1800.00 worth of assistance on 5/14/2020. Customer is seeking rental assistance for her move in expenses.

Agreement:
As part of the Department of Human Services Homeless Prevention Program plan for customer, [REDACTED], all parties agree to the following:

1. DHSHP agrees to provide \$3,500.00 on behalf of customer toward her move in expenses.
2. The rental payment will be made payable to [REDACTED]
3. The check will be made out and mailed to [REDACTED]
4. Customer will be responsible for the remaining balance amount of \$643.55. This payment shall be made by May 15, 2020. Customer will provide CM with proof of payment.
5. Customer will be responsible for the full monthly rent in the amount of \$1675.00 beginning July 1, 2020.
6. Customer understands that this will be a onetime assistance.

Plan:

1. Customer will continue her online classes with [REDACTED] as she is expected to graduate in July/2020
2. Customer Mr. [REDACTED] will continue to report to his job with [REDACTED] to maintain his employment.
3. Customer will open up a secure credit line with her financial institution to build up her credit score
4. Customer will modify her budget to maintain monthly expenses.

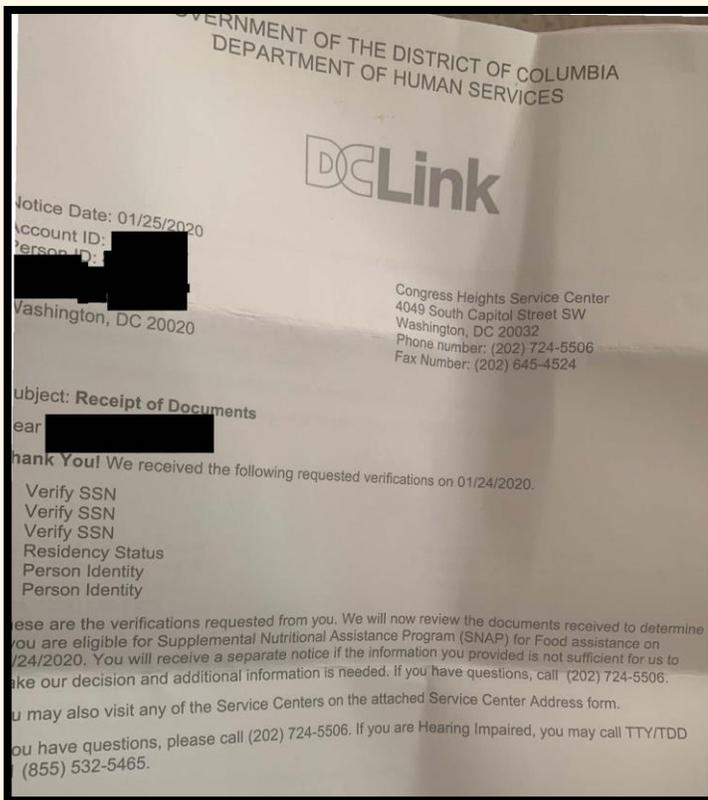
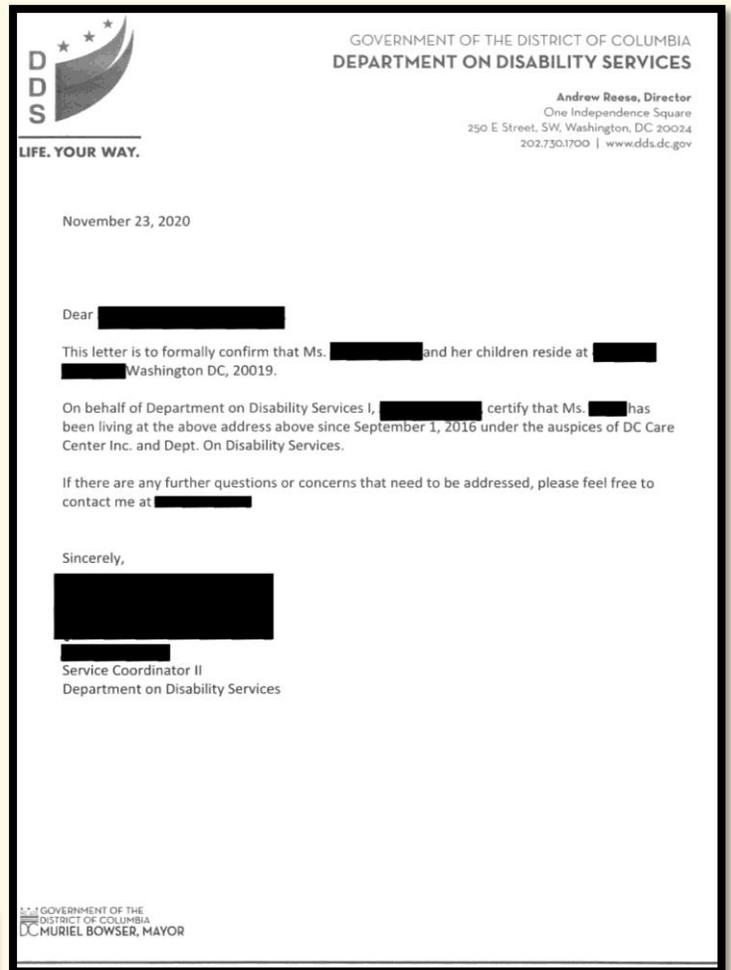
DHSHP will provide this assistance as a onetime offering. By signing this agreement, all parties acknowledge and accept the terms of this diversion plan.

[REDACTED] _____ 5/14/2020
DocuSigned by: [REDACTED]
[REDACTED] _____ Date 5/14/2020

Department on Disability Services (DDS) Letter

This letter is unacceptable because:

- It does not provide proof of financial benefits provided by a DC Government agency or being received by the



DC Link Verification Request

This letter is unacceptable because:

- It is confirming the receipt of documents and does not provide proof of financial benefits being received by the enrolling person.

Department of Employment Services (DOES)

This two-page document is unacceptable because:

- It does not meet the specific requirements for Unemployment Insurance Benefits documents, as outlined in the OER Handbook:
 - The enrolling person must present their Monetary Determination Letter
 - The enrolling person must present a paystub dated 60 days preceding the mail date on the Monetary Determination Letter
 - The paystub must show DC withholding amount greater than zero for both the current tax year and

Payment History

This page displays information about the weeks for which the District of Columbia has received claim forms from you

Week Ending	Submitted Date/Time	Status
None		

Weeks Processed	Week Ending	Paid Date	Paid Amount	Payment Method	Filing Method	Notes
	8/3/2020		0		Internet	Your claim has been received as of 8/3/2020 is not payable because your earnings exceed what is allowable under the D.C. law.
	Adjustment	10/9/2020	300	Direct Deposit		Adjustment Check for amount \$300.00/8/2020
	8/9/2020	9/8/2020	19	Direct Deposit	Internet	Benefits were reduced from earnings deduction in the amount of \$430.00
	8/29/2020		0		Internet	Your claim has been received as of 8/29/2020 is not payable because your earnings exceed what is allowable under the D.C. law.
	8/22/2020		0		Internet	Your claim has been received as of 8/22/2020 is not payable because your earnings exceed what is allowable under the D.C. law.
	Adjustment	9/21/2020	650	Direct Deposit		Adjustment Check for amount \$650.00/9/2020
	8/15/2020	8/25/2020	251	Direct Deposit	Internet	Benefits were reduced from earnings deduction in the amount of \$87.00
	8/8/2020	8/25/2020	266	Direct Deposit	Internet	

Please Note: If you choose direct deposit, funds will normally be deposited into the account you have designated by the second business day after the date we have authorized benefit payment. For example, if we authorize benefit payments on Monday night, funds should be deposited in your account by Wednesday.

Please allow 10 calendar days for receipt of any benefit check. If a check is not received within 10 calendar days, please call 224-7500 or 1-877-319-7246. You may also call these numbers if you have any questions about the weeks shown above.

Claimant Profile

Profile Information

Filed Date: (MM/YYYY)	8/5/2020	Benefit Year Begin Date: (MM/YYYY)	8/2/2020	Benefit Year End Date: (MM/YYYY)	7/31/2021
Address:					
State:	DC	Telephone:			
City:	WASHINGTON	Cell phone:			
Ward:	5	Email Address:			
Zip Code:	20002				
Withhold Federal Income Tax:	Yes	Withhold DC Income Tax:	Yes		
1099 G Form:					
Paperless Options:	- DON'T MAIL ME A PAPER COPY				
Payment Method:	Direct Deposit(Active)				
Address Change Date: (MM/YYYY)	8/5/2020				
TAA Indicator :	N				
TAA Date : (MM/YYYY)					
Petition Number :	000000				

General Program Information

Program Name (Nombre de programa)	Determination Date (Fecha de determinación mes/día/año)	Effective Date (Fecha de vigencia mes/día/año)	Maximum Benefit Amount (Cantidad máxima de beneficio)	Weekly Benefit Amount (Cantidad de beneficio semanal)	Total Paid (Total pagado)	Balance (Saldo de cuenta)	Weeks (Semanas)
Regular UI	8/5/2020	8/2/2020	\$5,515.00	\$266.00	\$536.00	\$6,380.00	26
EUC08 / Tier 1							
EUC08 / Tier 2							
EUC08 / Tier 2 Plus							
EUC08 / Tier 3							
EUC08 / Tier 4							
Extended Benefits							
DC Benefits							
Extension Training							
Fund Swap							
Dependents Allowance					\$0.00		
Disaster Unemployment Assistance							

* FUNDS NO LONGER AVAILABLE, PROGRAM HAS EXPIRED.

Additional/Reopened Claims Submitted Awaiting Processing: None

Additional/Reopened Claims Processed: None

Capitol Gateway Family
201 58th Street NE
Washington, DC 20019

October 15, 2019

Washington, DC 20019

Dear [REDACTED]

This is to notify you that on the basis of our recent review of your income and family composition your rent has been adjusted to **\$ 87.00**. The new rent is effective beginning **11/1/19**.

This notification amends Paragraph 4 of your lease agreement, which sets forth the amount of rent you pay each month.

Please visit the site office to sign within 7 days of receipt to sign and receive a copy of the HUD 50059 (if you have not already done so). The HUD 50059 must be signed by the head of household, co-head, spouse and all other adult members of the Household. The copy of the HUD 50059 provides the information on your income that we used to calculate your new rent and the amount of rental assistance, if any, HUD pays monthly on your behalf.

You may call 202-396-4922 if you wish to arrange a meeting to discuss this change.

Thank you for your cooperation.

Sincerely,

Assistant Property Manager
[REDACTED]

Capitol Gateway Family LP does not discriminate on the basis of disability status in the admission to or access to, or treatment or employment in, its federally assisted programs and activities.



U.S. Department of Housing and Urban Development (HUD)

This three-page packet is unacceptable because:

- This financial assistance is not distributed or facilitated through a DC Government agency.

Owner's Certification of Compliance U. S. Department of Housing and Urban Development with HUD's Tenant Eligibility and Rent Procedures

Section B. Summary Information

1. Project Name: Capital Gateway Single Family Rental

2. Subsidy Type: [REDACTED]

3. Secondary Subsidy Type: [REDACTED]

4. Property ID: [REDACTED]

5. Project Number: [REDACTED]

6. Contract Number: [REDACTED]

7. Project/IMAX ID: [REDACTED]

8. Plan of Action Code: [REDACTED]

9. Host-Carrier Project? [REDACTED]

10. Previous Housing Code: [REDACTED]

11. Displacement Status Code: [REDACTED]

12. Effective Date: 11/1/2019

13. Anticipated Voucher Date: [REDACTED]

14. Next Recertification Date: [REDACTED]

15. Project Move-In Date: 9/11/2007

16. Certification Type: [REDACTED]

17. Action Processed: [REDACTED]

18. Correction Type: [REDACTED]

19. RV Indicator: [REDACTED]

20. Prev. Subsidy Type: [REDACTED]

21. Unit Number: [REDACTED]

22. No. of Bedrooms: [REDACTED]

23. Building ID: [REDACTED]

24. Unit Transfer Code: [REDACTED]

25. Previous Unit No: [REDACTED]

26. Security Deposit: [REDACTED]

27. ZONE Basis/BMR Rate: [REDACTED]

28. Market Rent: [REDACTED]

29. Contract Rent: [REDACTED]

30. Utility Allowance: \$ 283.00

31. Gross Rent: [REDACTED]

32. TTP at RAC Conversion: [REDACTED]

33. No. [REDACTED]

34. Last Name [REDACTED]

35. First Name [REDACTED]

36. MR [REDACTED]

37. RA [REDACTED]

38. Sex [REDACTED]

39. Race [REDACTED]

40. ETH [REDACTED]

41. Birth Date [REDACTED]

42. Special Status [REDACTED]

43. SSN [REDACTED]

44. ID Code [REDACTED]

45. SSN Exp [REDACTED]

46. CRN Code [REDACTED]

47. Alien Reg Number [REDACTED]

48. Age [REDACTED]

49. Work Codes [REDACTED]

50. Family has Mobility Disability? [REDACTED]

51. Family has Hearing Disability? [REDACTED]

52. Family has Visual Disability [REDACTED]

53. Number of Family Members: 2

54. Number of Non-Family Members: 0

55. Number of Dependents: 0

56. Number of Eligible Dependents: 0

57. Expected family Addition-foster: 0

58. Expected Family Addition-Pregnancy: 0

59. Expected Family Addition-Adoption: 0

60. Previous Head Last Name [REDACTED]

61. Previous Head First Name [REDACTED]

62. Previous Head Middle Initial [REDACTED]

63. Active Full Cert [REDACTED]

64. Previous Head ID [REDACTED]

65. Previous Head Birth Date [REDACTED]

Section D. Income Information

66. Mbr. No. [REDACTED]

67. Income Type Code [REDACTED]

68. Amount: \$ 14,780

69. SSN Benefits Claim No. [REDACTED]

70. Description: Savings Account

71. Status: C

72. Cash Value: \$ 192

73. Actual Yearly Income: \$ 0

74. Date Disposed: 0

Section E. Asset Information

75. Mbr. No. [REDACTED]

76. Description: Savings Account

77. Status: C

78. Cash Value: \$ 192

79. Actual Yearly Income: \$ 0

80. Date Disposed: 0

70. Total Employment Income: \$ -

71. Total Pension Income: \$ 14,780

72. Total Public Assistance Income: \$ -

73. Total Other Income: \$ -

74. Total Non-Asset Income: \$ 14,780

81. Total Cash Value of Assets: \$ 192

82. Actual Income from Assets: \$ 0

83. HUD Passbook Rate: 0.06%

84. Imputed Income from Assets: \$ 0

Section F. Allowances & Rent Calculations

86. Total Annual Income: \$ 14,781

87. Low Income Limit: \$ 62,100

88. Very Low Income Limit: \$ 48,550

89. Extremely Low Income Limit: \$ 29,150

90. Current Income Status: EXTREMELY

91. Eligibility Universe Code: 2-Post 1981

92. Sec. 8 Assist. 1984 Indicator: [REDACTED]

93. Income Exception Code: [REDACTED]

94. Potvie / Security Tenant? [REDACTED]

95. Survivor of Qualifier? [REDACTED]

96. Household Citizenship Eligibility: [REDACTED]

97. Deduction for Dependents (\$482 per) \$ -

98. Child Care Expense (work) \$ -

99. Child Care Expense (school) \$ -

100. 3% of Income \$ 443

101. Disability Expense \$ -

102. Disability Deduction \$ -

103. Medical Expense \$ -

104. Medical Deduction \$ -

105. Elderly Family Deduction (\$400) \$ -

106. Total Deductions \$ -

107. Adjusted Annual Income \$ 14,781

108. Total Tenant Payment \$ 370

109. TTP Before Override \$ -

110. Tenant Rent \$ 87

111. Utility Reimbursement \$ -

112. Assistance Payment \$ 1,602

113. Welfare Rent \$ -

114. Rent Override \$ -

115. Hardship Exemption \$ -

116. Waiver Type Code \$ -

117. Eligibility Check Not Required \$ -

118. Extenuating Circumstances Code [REDACTED]

Owner's Certification of Compliance U. S. Department of Housing and Urban Development with HUD's Tenant Eligibility and Rent Procedures

Section A. Acknowledgments

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 (2002-0204), Washington, DC 20503. The information being collected by HUD is authorized to determine 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 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. 1407 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 causes 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 Summary from Page 2

Name of Project: Capital Gateway Single Family Rental

Effective Date: 11/1/2019

Certification Type: IR

Anticipated Voucher Code: [REDACTED]

Head of Household: [REDACTED]

Total Tenant Payment: \$ 370.00

Assistance Payment: \$ 1,602.00

Tenant Rent: \$ 87.00

Unit Number: [REDACTED]

Extenuating Circumstances Code: [REDACTED]

Tenant Signatures

Head of Household: [REDACTED] Date: 10/15/19

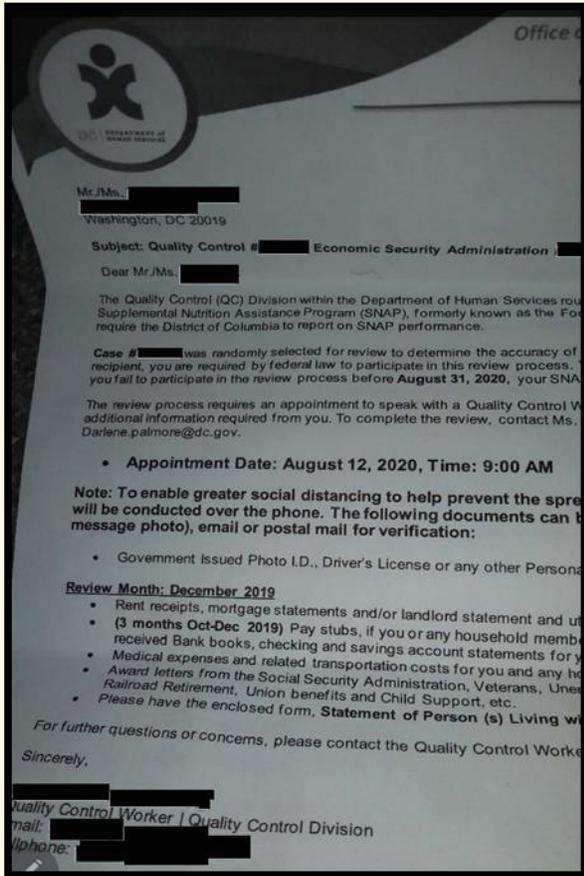
Spouse/Co-Head: [REDACTED] Date: 10/15/19

Other Adult: [REDACTED] Date: [REDACTED]

Owner/Agent Signature

Owner/Agent: [REDACTED] Date: 10/15/19





DHS Quality Control Division

This letter is unacceptable because:

- It does not provide proof of financial benefits being received by the enrolling person.
- Essential information in the document is cut-off and current receipt of benefits can not be confirmed.