

NOLTE RIVER PLACE



Thank you for your interest in our brand-new Nolte River Place Apartments!

We invite you to become one of the first & original occupants of this beautiful property. Please see the attached application materials and the information below. You may call or email me with questions.

The application fee is \$32.00 by check or money order.

Our Selection Criteria includes, but is not limited to:

(you are welcome to request our full tenant selection plan at nolte@voamn.org)

- **Age:** you must be 55 years of age or older
- **Income:** 1) must fall within the guidelines below for household size.
2) monthly earnings at twice the monthly rent

Anoka County	HOUSEHOLD SIZE		
% of AMI	1	2	3
50%	\$43,500.00	\$49,700.00	\$55,900.00
60%	\$52,200.00	\$59,640.00	\$67,080.00

MONTHLY RENT BY BEDROOM SIZE		
	1 BR	2 BR
50%	\$905.00	\$1086.00
60%	\$1103.00	\$1261.00

Regards,

Nancy Molloy | COS, COM, AHM, CRM, HQS Certified
Community Administrator

Nolte River Place

3011 5th Avenue
Anoka, MN 55303

Nancy.molloy@voamn.org

763-496-2394 Direct

763-496-2393 Office

www.voamn.org

Together, let's build a path forward.





NOLTE RIVER PLACE
nolte@voamn.org
763-496-2394

In addition to the application materials, below is a general list of items and documents required to determine eligibility for occupancy at Nolte River Place.

We need to view the following:

- government issued photo identification card/document.

We need to view & make copies of the following:

- birth certificate
- social security card

We need to collect the following (this is not all inclusive):

- Copies of 12 weeks of current paycheck stubs
OR
- A 3rd party document or benefit statement, *with current date*, that show gross monthly income from each source of income you might have (Social Security, public benefits, veterans' benefits, pensions, etc.).
- 6 months of checking account statements
- 6 months of savings account statements
- The 4 most recent quarters of any other assets or other investments
- A \$32.00 application fee, if not yet paid.- (no charge for veteran applicants referred by Veterans Administration or MACV)

!! Provide:

The contact information for your current and past residential rental/ownership history. We will verify your current and/or previous 3 years of residential history. We need the property management company name, address, and phone number along with the name (and phone number if different) of the landlord who will verify your rental history.

3. RESIDENTIAL HISTORY

- A. Have you ever been evicted from a place of rental? Yes No If **yes**, when? _____
Please explain: _____
- B. Have you or any household member ever been evicted from federally-assisted housing for drug related criminal activity?
 Yes No If yes, name of household member: _____
Please explain: _____
- C. Please detail the **last three (3) years** of rental history for the household. If additional space is needed attach a separate sheet.

Current Housing: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other _____ Monthly Amount \$ _____				
Management Co./Landlord's Name: _____				
Management Co./Landlord's Address: _____				
	Street	City	State	Zip
Management Co./Landlord's Telephone: _____		Dates of Residency: _____		
		(mo./yr.) TO (mo./yr.)		
Is this an affordable housing or Section 8 community? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Previous Housing: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other _____ Monthly Amount \$ _____				
Management Co./Landlord's Name: _____				
Management Co./Landlord's Address: _____				
	Street	City	State	Zip
Management Co./Landlord's Telephone: _____		Dates of Residency: _____		
		(mo./yr.) TO (mo./yr.)		
Is this an affordable housing or Section 8 community? <input type="checkbox"/> Yes <input type="checkbox"/> No				
No				

- D. In order to complete applicant screening, in the space below, please provide ALL previous locations where the Head of Household and all other household members have ever lived. Please complete as much of the rental history as you can.

Household Member Name (Last, First)	Previous Address (City, State)	Dates of Residency (mo./yr) TO (mo./yr.)
		--
		--
		--
		--
		--
		--
		--
		--
		--
		--
		--
		--



4. EMPLOYMENT AND OTHER EARNED INCOME

A. Include current employers for all adult household members. If more space is needed, please attach a separate sheet. If no employer, please indicate "None."

Present Employer: _____					
Employer Address: _____					
Street	City	State	Zip		
Employer Contact: _____			Title: _____		
Employer Telephone: _____			Email: _____		
Occupation: _____		Dates of Employment: _____			
		(mo./yr.)		TO	(mo./yr.)
Gross Salary: \$ _____ per <input type="checkbox"/> hour <input type="checkbox"/> week <input type="checkbox"/> bi-weekly <input type="checkbox"/> twice monthly <input type="checkbox"/> month <input type="checkbox"/> year					
<input type="checkbox"/> Full-Time (at least 40 hrs. weekly) <input type="checkbox"/> Part-Time How many hours weekly? _____					
Are you eligible for overtime pay? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes , how many hours weekly? _____					
(Please check one.)					
<input type="checkbox"/> Second Employer, or					
<input type="checkbox"/> Co-Head/Spouse Employer, or					
<input type="checkbox"/> Other Adult Employer: _____					
Employer Address: _____					
Street	City	State	Zip		
Employer Contact: _____			Title: _____		
Employer Telephone: _____			Email: _____		
Occupation: _____		Dates of Employment: _____			
		(mo./yr.)		TO	(mo./yr.)
Gross Salary: \$ _____ per <input type="checkbox"/> hour <input type="checkbox"/> week <input type="checkbox"/> bi-weekly <input type="checkbox"/> twice monthly <input type="checkbox"/> month <input type="checkbox"/> year					
<input type="checkbox"/> Full-Time (at least 40 hrs. weekly) <input type="checkbox"/> Part Time How many hours weekly? _____					
Are you eligible for overtime pay? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes , how many hours weekly? _____					

B. Please list the total estimated annual employment income of all other household members, regardless of age.

Name of Household Member	Gross Wage	Full-Time or Part-Time	Part-Time Hours (weekly)	Overtime Hours (weekly)	Tips, Bonuses, or Commission
	\$	<input type="checkbox"/> FT <input type="checkbox"/> PT			\$
	\$	<input type="checkbox"/> FT <input type="checkbox"/> PT			\$
	\$	<input type="checkbox"/> FT <input type="checkbox"/> PT			\$
	\$	<input type="checkbox"/> FT <input type="checkbox"/> PT			\$
	\$	<input type="checkbox"/> FT <input type="checkbox"/> PT			\$

5. BENEFITS INCOME

- A. Does any household member currently receive or expect to receive income from any of the following sources? If an order of child support, divorce decree or separation agreement exists but payments are not received, please list the court-ordered amount.

Benefit Type		Gross Amount Received	Per Week, Month, etc.	Household Member Receiving Benefit (Last, First)
Social Security/SSI (Adult)	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
Social Security/SSI (Child)	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
SSI (Quarterly)	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
Disability or Death Benefits	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
Veterans Affairs	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
Public Assistance (AFDC, TANF)	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
Alimony	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
Child Support	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		

6. OTHER INCOME

- A. Does any household member currently receive or expect to receive income from any of the following sources? If **yes**, please state the amount, frequency, and the household member receiving the income.

Income Source	Income Received?	Gross Amount Received	Per Week, etc.	Household Member Receiving Benefit (Last, First)
Income from self-owned business (daycare, babysitting, cosmetics, taxi driver, etc.)	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
Recurring cash contributions or gifts <u>from persons outside household</u> , including rent, utility payments, mobile phones, car notes, etc.	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
Worker's Compensation	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
Unemployment benefits	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
Severance Pay	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
Payments from Insurance Policies	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
Retirement or Pension Benefits/IRA	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
Educational Grants/ Scholarships	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
Capital Gains from Stock	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
Military Reserves/National Guard/GI Bill	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
Periodic Payments or Installments from Lottery winnings	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
Member of an Native American Tribe receiving gaming payments	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
Any Other Income: _____	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		

- B. Do you have any rental property or business property income? Yes No
If **yes**, give the name and address of the renter or the business owner who leases the property you currently own:

Name: _____

Address: _____

Amount of rent charged per month: \$ _____

7. ASSET INCOME

- A. Does any household member own any of the following types of assets? If **yes**, please provide the current value or balance of the asset, the name of the banking institution where it is held, and the name of the household member whose name appears on the account.

Type of Asset	Own?	Current Value or Balance	Name of Financial Institution	Household Member (Last, First)
Checking Account (6-months avg)	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
Savings Account	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
Cash (at home)	<input type="checkbox"/> Y <input type="checkbox"/> N	\$	N/A	
Social Security Direct Express ® or other Prepaid or Debit Cards	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
401(k) or 403(b) or Other Retirement	<input type="checkbox"/> Y <input type="checkbox"/> N			
Stocks/Bonds	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
Treasury Bills	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
Money Market Funds	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
Certificate of Deposit	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
Whole or Universal Life Insurance	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
Real Estate/Mortgages/Land	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
Safe Deposit Box	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
Deeds or Trust	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
Annuities	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
Own a Mobile Home	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
IRA or Keogh Account	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
Mutual Funds	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
Personal Property held for investment purposes (antiques, jewelry, other wares)	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
Other Financial Assets	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		

- B. Reviewing the list of assets above, has any household member disposed of or sold any of the above assets at less than fair market value during the past two years? Yes No
If **yes**, please explain: _____

8. SCREENING

- A. Have you or any other adult household member ever used any name(s) or Social Security number(s) other than the one you are currently using? Yes No
If **yes**, name(s) of household member(s): _____
Please explain: _____
- B. Have you or any adult household member ever committed any fraud in a federally assisted housing program or been requested to repay money for knowingly misrepresenting information for such housing programs? Yes No
If **yes**, name of household member: _____
Please explain: _____
- C. Has any household member ever been convicted of a criminal offense? Yes No
If **yes**, name of household member: _____
Please explain: _____
- D. Are you or any household member listed on a state or federal lifetime sex offender registry? Yes No
If **yes**, name of household member: _____
Please provide the location (state) where required to register: _____

E. Does any household member currently have any pending criminal charges? Yes No
If **yes**, name of household member: _____
Please explain: _____

9. SERVICE ANIMALS

A. Do you own a or expect to own a service animal? Yes No Breed: _____ Weight: _____ lbs

10. VEHICLE INFORMATION

A. Please provide the following information for any vehicles owned or operated by household members that will reside at the community.

Applicant's License Number/State ID # _____		State Issued: _____
Co-Applicant's Driver's License Number/State ID # _____		State Issued: _____
Vehicle #1:	Year _____ Make _____ Model _____ Color _____	
	License # _____ State _____	
Vehicle #2:	Year _____ Make _____ Model _____ Color _____	
	License # _____ State _____	

11. EMERGENCY CONTACT

A. Please provide the following information for someone who should be contacted in case of an emergency.

Name of Contact: _____				
First		Last		
Current Address: _____				
Street		City	State	Zip
Primary Telephone Number: _____			Other Tel Number: _____	
Relationship to Head of Household: _____				

12. MARKETING INFORMATION

A. How did you hear about the property for which you are completing this application?

- Newspaper Rental Magazine HUD Website Volunteers of America® Website
 Other: (Please explain): _____

13. PROGRAM INFORMATION & SIGNATURES

I/We understand that the above information is being collected to determine my/our eligibility for residency. I/We authorize the owner/management to verify all information provided on this application and my/our signature is our consent to obtain such verification. I /We certify that all information and answers to the above questions are true and complete to the best of my knowledge. I consent to the release of the necessary information to determine my eligibility.

I/We authorize any person, or credit checking agency having any information on me/us to release any and all such information to the owner/management or their agents or credit checking agents. I understand that the credit report (rental history, arrest and/or conviction records, and retail credit history) will be done through a credit bureau contracted with the apartment community. I understand that a check will be made of the sex offender registry in states in which I have resided.

I/We certify that I/We have been offered an opportunity to complete or reject the HUD-27061-H-Race and Ethnic Data Reporting Form. I/We understand that if this document is not completed or rejected by me/us, that my/our application is not complete and cannot be added to the waitlist or considered for occupancy at this community.

I/We have chosen to complete / reject the HUD-27061-H Race and Ethnic Data Reporting Form.

_____Initials of Head of Household

WARNING: 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 other owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses 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).**. Violations of these provisions are cited as violations of 42 U.S.C **408(a) (6), (7) and (8).**

SIGNATURES: (All adult household members, age 18 and above, must sign. All signatures must be original.)

Applicant- Head of Household

Date

Additional Adult Household Member

Date

Additional Adult Household Member

Date

Additional Adult Household Member

Date





Head of Household and Household Member Demographic Information

Instructions: This form is to be completed by the head of household and additional household members only after occupancy has been approved. Head of household, please complete page 1. Make copies as needed, and complete a separate page 2 for **each** additional household member.

Your approval for occupancy will not be affected if you choose not to respond. The owner will submit this information to Minnesota Housing for assessment of households being served by its financing programs. Your cooperation is much appreciated.

Housing Information (this section to be completed by owner/agent)	
Property Name	NOLTE RIVER PLACE
Minnesota Housing D#	D-8210
Building Address	3011 5TH AV; ANOKA, MN 55303
Unit #	

Head of Household Information	
Name	
Date of birth (month/day/year)	____/____/____
Ethnicity	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> I choose not to respond
Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> I choose not to respond
Race (check all that apply)	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> I choose not to respond
Are you mobility impaired and requiring features of an accessible unit?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I choose not to respond
Do you have a disability other than mobility impairment?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I choose not to respond
Main source of household income (check only one)	<input type="checkbox"/> Salary/wages <input type="checkbox"/> Interest/dividends/rental income <input type="checkbox"/> Self-employment <input type="checkbox"/> Unemployment/disability <input type="checkbox"/> Social Security <input type="checkbox"/> Public assistance <input type="checkbox"/> Retirement /pension/annuity <input type="checkbox"/> No income <input type="checkbox"/> Alimony/child support

Instructions: Complete a separate page 2 for **each** household member that is not the Head of Household. Parents or guardians, please complete the form for your minor child(ren).

Your approval for occupancy will not be affected if you choose not to respond. The owner will submit this information to Minnesota Housing for assessment of households being served by its financing programs. Your cooperation is much appreciated.

Housing Information (this section to be completed by owner/agent)	
Property Name	NOLTE RIVER PLACE D-8210
Building Address:	3011 5TH AV; ANOKA, MN 55303
Unit #	

Household Member Information	
Name	
Date of birth (month/day/year)	____/____/____
Ethnicity	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> I choose not to respond
Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> I choose not to respond
Race (check all that apply)	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/ Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> I choose not to respond
Are you mobility impaired and requiring features of an accessible unit?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I choose not to respond
Do you have a disability other than mobility impairment?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I choose not to respond

Certification of Senior Eligibility for HIB

Property Name & City Nolte River Place; Anoka, MN

D8210

Thank you for your rental application. The above property received financing from the Minnesota Housing Financing Agency that requires us to lease units to households where at least one member is age 55 or older and whose gross annual income does not exceed the allowable Housing Infrastructure Bond (HIB) income limit at initial occupancy. Please complete Part I so we can determine your eligibility. Your household will also need to qualify under other income limits.

Part I. TO BE COMPLETED BY THE APPLICANT WHO IS AGE 55 OR OLDER

Please complete the following information:

First and Last Name _____

Date of Birth _____

My Gross Annual Income is \$ _____

I certify the above information is true and correct.

Signature of person age 55 or older

Today's Date

Part II. TO BE COMPLETED BY THE OWNER/AGENT

HIB income limit for senior eligibility \$ _____

I certify that I have received documentation to confirm the person listed in Part I of this form is age 55 or older and have determined that his/her Gross Annual Income does not exceed the applicable HIB income limit for senior eligibility for this property.

Signature of owner/agent

Today's Date

Instructions: Print the names of each household member signing this form.	

Minnesota Housing Finance Agency (“Minnesota Housing”) is asking you to supply information that relates to your application to occupy, or continue to occupy, a unit in the following property (“Property”):

NOLTE RIVER PLACE

Some of the information you are being asked to provide to Minnesota Housing may be considered private or confidential under the Federal Privacy Act of 1974 and the Minnesota Government Data Practices Act, Minnesota Statutes chapter 13. Section 13.04(2) of that law requires that you be notified of the matters included in this Disclosure Statement before you are asked to provide that information to Minnesota Housing. The owner of the Property (“Owner”) may also ask you to supply information that relates to your application. The Owner’s request for information is not governed by the Minnesota Government Data Practices Act.

- Minnesota Housing is asking for information that is necessary for the administration and management of a State or Federal program to provide housing for low- and moderate-income families. Some information may be used to establish your eligibility to initially occupy, or continue to occupy, a unit in the Property and/or to receive either State or Federal rental assistance. Some information may be used to assist Minnesota Housing and its contractors for research purposes and the evaluation and management of some of the programs it operates.
- As part of your application, you are asked to supply the information contained in each of the following attachments that are checked with an “X” (all checked boxes apply):
 - Attachment 1: For Units Assisted with Section 8, Section 236, Section 202, or Section 811
 - Attachment 2: For Units Assisted with Housing Tax Credits, Section 1602, Bond Funded NCTC or Bond Funded LMIR First Mortgages, MARIF, HOWPA, HOME, or NHTF.
 - Attachment 3: For Units Assisted with Deferred Loan Programs (other than MARIF, HOPWA, HOME, or NHTF), Non-bond Funded NCTC or LMIR First Mortgages, or Apartment Renovation Mortgages

NOTE: Each attachment has two parts: Part A and Part B.

- The information asked for under Part A of the checked Attachment(s) may be used by Minnesota Housing to establish your eligibility to occupy a unit in the Property or to receive State or Federal

rental assistance. If you refuse to supply any portion of the information asked for under Part A of the checked Attachment(s), you may not qualify for initial or continued occupancy of a unit in the Property or for receipt of State or Federal rental assistance.

4. The information asked for under Part B of the checked Attachment(s) will help Minnesota Housing evaluate and manage some of the programs it operates and supplying this information will be very helpful to Minnesota Housing. Your failure to provide any of the information asked for under Part B of the checked Attachment(s) will not affect whether or not you qualify for initial or continued occupancy of a unit in the Property or for State or Federal rental assistance.
5. The Owner may also ask for information to determine whether or not it will rent a unit in the Property to you. Supplying or refusing to supply any information requested by the Owner will not affect a decision by Minnesota Housing, but could affect the Owner’s decision of whether it will rent a unit to you. The determination by the Owner is separate from Minnesota Housing’s determination and Minnesota Housing does not participate, in any way, in the Owner’s decision.
6. All of the information that you supply to Minnesota Housing will be accessible to staff of Minnesota Housing and its contractors and may be made available to staff of the Office of the Minnesota Attorney General, the United States Department of Housing and Urban Development, the United States Internal Revenue Service, and other persons and/or governmental entities who have statutory authority to review the information, investigate specific conduct, and/or take appropriate legal action, including but not limited to, law enforcement agencies, courts, and other regulatory agencies. The information may also be provided by Minnesota Housing to the Owner’s management agents of the Property.
7. This Disclosure Statement remains in effect for as long as you occupy a unit in the Property and are a participant in the program(s) identified in #2, above.

I was (We were) supplied with a copy of and have read this Minnesota Housing Finance Agency Government Data Practices Act Disclosure Statement and the Attachment(s) identified in #2, above.

Head of household, spouse, co-head, and all household members age 18 or older must sign below:

Applicant/Tenant Signature	_____	Date	_____
Applicant/Tenant Signature	_____	Date	_____
Applicant/Tenant Signature	_____	Date	_____
Applicant/Tenant Signature	_____	Date	_____

Attachment 3

For Units Assisted with Deferred Loan Programs (other than MARIF, HOPWA, HOME and NHTF), Non-bond Funded NCTC or LMIR First Mortgages, or Apartment Renovation Mortgages

Part A

1. Household composition including number of adults, number of children, and legal name of the head of household
2. Gross annual household income
3. Current and/or previous housing history (for program eligibility, if applicable)
4. Dates of birth of all household members (for program eligibility, if applicable)

Part B

1. Date of birth of the head of household
2. Race of the head of household
3. Ethnicity of the head of household
4. Gender of the head of household
5. Disability or mobility impaired status of household members
6. Main source of income of the head of household