

## LOW INCOME HOUSING TAX CREDIT RENTAL APPLICATION

All co-applicants, age 18 or older, including spouse, should complete a separate application.

The information you provide below will be used to determine if you meet the eligibility guidelines for becoming a resident of our community. All information will be kept confidential. Failure to provide the required information will prevent us from considering your application. Misrepresentation of information is punishable by law.

<b>CONTACT INFORMATION:</b>	
Name: _____	E-mail: _____
Phone Number: _____	
This project offers additional on-site and supportive services for tenants who are currently or formerly homeless. If you believe that you qualify and would like to be considered for these services, please check this box. <input type="checkbox"/>	
<small>*If you checked the box, please fill in the information requested on Addendum "A"</small>	

<b>HOUSEHOLD COMPOSITION AND STATUS:</b>						
<small>List the Head of Household (applicant) and <b>all</b> other persons who will be living in your unit. Give the relationship of each family member to the Head. Choose only one member to be Head of Household. <b>Please answer all questions. Write N/A if a particular question is not applicable. Do not leave any questions blank or unanswered.</b> List all members you anticipate to live with you at least 50% of the time in the next 12 months and include anyone who is not currently a household member but is anticipated to become one in the next 12 months.</small>						
Household Member's Full Name (first and last)	Relationship to Head S=Spouse O=Other Adult C=Minor Child F=Foster Adult or Child L=Live-In Attendant	Date of Birth	Marital Status M=Married D=Divorced SP=Separated S=Single W=Widowed	Social Security Number	Student Y or N	If "yes" Parttime (PT) or Fulltime (FT)*
	Head					

**\*For each household member listed above - List this member as a full-time or part-time student if he/she has attended school in the current calendar year, is currently attending, OR plans to attend school in the next 12 months. The educational institution defines student status. Please include all school-age children, even if home-schooled.**

1. If every household member listed above is indicated as a full-time (FT) student, please answer the following questions:
- Circle One
- |                                                                                                                                                                            |           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|
| a. Does the household receive assistance of Title IV of the Social Security Act? (AFDC/TANF)                                                                               | Yes or No |
| b. Are any full-time students enrolled in a job training program receiving assistance under the Job Training Partnership Act or similar Federal, State, or local programs? | Yes or No |
| c. Are any full-time students married and filing a joint tax return?                                                                                                       | Yes or No |
| d. Is the household comprised entirely of a single parent & child(ren) none of whom are dependents of another individual?                                                  | Yes or No |

2. If you are divorced or separated, please provide date effective: \_\_\_\_\_



If divorced within last 3 years, please provide full copy of divorce decree.

3. Do you expect any changes in the household in the next 12 months? Yes or No  
 If yes, please describe change \_\_\_\_\_  
 When will this occur? \_\_\_\_\_  
 (If adding a new member, this person should be listed as a household member on page 1 of this application.)
4. Are any household members, under age 18, claiming emancipation (yourself included)? Yes or No  
 If yes, please provide documentation to validate emancipation.

<b>CURRENT EMPLOYMENT INFORMATION:</b>		
Company Name: _____	Title: _____	
Address: _____	Date of Hire: _____	
City/State/Zip: _____	Monthly Gross Wage: \$ _____	
Phone: _____	Fax: _____	Supervisor: _____
<b>ADDITIONAL EMPLOYER INFORMATION:</b>		
Company Name: _____	Title: _____	
Address: _____	Date of Hire: _____	
City/State/Zip: _____	Monthly Gross Wage: \$ _____	
Phone: _____	Fax: _____	Supervisor: _____
<b>PREVIOUS EMPLOYMENT INFORMATION:</b>		
Company Name: _____	Title: _____	
Address: _____	Date Left: _____	
City/State/Zip: _____	Monthly Gross Wage: \$ _____	
Phone: _____	Fax: _____	Supervisor: _____

<b>OTHER INCOME INFORMATION:</b>		
<i>Identify each source of income currently received or anticipated to be received in the next 12 months.</i>	Circle Yes or No for each item listed	Monthly Gross Income (Enter N/A if none)
1. Self-Employment	Yes or No	\$ _____
2. Not Employed	Yes or No	\$ _____
3. Unemployment Compensation	Yes or No	\$ _____
4. Disability/Worker's Compensation/Severance Pay	Yes or No	\$ _____
5. Social Security/SSI Benefits	Yes or No	\$ _____
6. VA Benefits	Yes or No	\$ _____
7. Pension/Annuity	Yes or No	\$ _____
8. Military Pay	Yes or No	\$ _____
9. Public Assistance (AFDC/TANF/W-2)	Yes or No	\$ _____
10. Child Support/Alimony/Family Maintenance	Yes or No	\$ _____
11. Recurring Gift/Contribution	Yes or No	\$ _____
12. Rental Income	Yes or No	\$ _____
13. Lottery Winnings Paid Periodically	Yes or No	\$ _____
14. Adoption Assistance	Yes or No	\$ _____
15. Trust Income	Yes or No	\$ _____
16. Other Income (i.e. inheritance, insurance policies)	Yes or No	\$ _____
17. Zero Income (No income from any source)	Yes or No	\$ _____



**ASSET INFORMATION: List all assets for this household member. Complete one for every household member.**

	Name of Financial Institution(s)	Circle One	Amount
1. Checking	_____ _____	Yes or No	\$ _____ \$ _____
2. Savings	_____ _____	Yes or No	\$ _____ \$ _____
3. Cash on Hand		Yes or No	\$ _____
4. Stocks/Mutual Funds	_____ _____	Yes or No	\$ _____ \$ _____
5. CD/Money Markets	_____ _____	Yes or No	\$ _____ \$ _____
6. Treasury Bill	_____ _____	Yes or No	\$ _____ \$ _____
7. Bonds	_____ _____	Yes or No	\$ _____ \$ _____
8. IRA/KEOGH	_____ _____	Yes or No	\$ _____ \$ _____
9. 401K	_____ _____	Yes or No	\$ _____ \$ _____
10. Pension/Annuity	_____ _____	Yes or No	\$ _____ \$ _____
11. Whole Life Insurance	_____ _____	Yes or No	\$ _____ \$ _____
12. Universal Life Insurance	_____ _____	Yes or No	\$ _____ \$ _____
13. Land Contract/Deed of Trust	_____ _____	Yes or No	\$ _____ \$ _____
14. Real Estate	_____ _____	Yes or No	\$ _____ \$ _____
15. Safety Deposit Box	_____ _____	Yes or No	\$ _____ \$ _____
16. Personal Property Held as an Investment	_____ _____	Yes or No	\$ _____ \$ _____
17. Trusts	_____ _____	Yes or No	\$ _____ \$ _____
18. Lottery Winnings (Lump Sum)	_____ _____	Yes or No	\$ _____ \$ _____
19. Lump Sum Receipts	_____ _____	Yes or No	\$ _____ \$ _____

1. Do all combined assets of the entire household total less than \$5000? Yes or No  
 2. In the past two (2) years, have you sold or given away any assets listed Yes or No



in the chart above, for more than \$1,000 less than Fair Market Value?

If yes, please completed the following:

Asset Disposed: \_\_\_\_\_  
 Date Disposed: \_\_\_\_\_  
 Amount Disposed: \_\_\_\_\_

Was the disposal of this asset due to:

Bankruptcy Yes No  
 Foreclosure Yes No  
 Marital Separation Yes No  
 Divorce Yes No

Asset Disposed: \_\_\_\_\_  
 Date Disposed: \_\_\_\_\_  
 Amount Disposed: \_\_\_\_\_

Was the disposal of this asset due to:

Bankruptcy Yes No  
 Foreclosure Yes No  
 Marital Separation Yes No  
 Divorce Yes No

3. Have you given any gifts of money totaling more than \$1,000 in the past two (2) years? Yes or No

Gifted To: \_\_\_\_\_  
 Date Gifted: \_\_\_\_\_  
 Amount Gifted: \_\_\_\_\_

Gifted To: \_\_\_\_\_  
 Date Gifted: \_\_\_\_\_  
 Amount Gifted: \_\_\_\_\_

**RESIDENTIAL HISTORY: Please provide 3 years of housing history**

Current Address: _____		___ Own ___ Rent ___ Other _____
City/State/Zip: _____		Date Moved In: _____
Landlord Name/Mortgage Company: _____		Rent/Mortgage: \$ _____
Phone: _____	Reason for leaving: _____	
Previous Address: _____		___ Own ___ Rent ___ Other _____
City/State/Zip: _____		Date Moved In: _____
Landlord Name/Mortgage Company: _____		Rent/Mortgage: \$ _____
Phone: _____	Reason for leaving: _____	
Previous Address: _____		___ Own ___ Rent ___ Other _____
City/State/Zip: _____		Date Moved In: _____
Landlord Name/Mortgage Company: _____		Rent/Mortgage: \$ _____
Phone: _____	Reason for leaving: _____	

1. Have you ever been evicted from tenancy? Yes or No  
 If yes, please list date: \_\_\_\_\_

2. Have you ever filed for bankruptcy? Yes or No  
 If yes, please list date: \_\_\_\_\_

3. Have you ever been convicted of a felony? Yes or No



If yes, please list what for: \_\_\_\_\_

4. Will this be your only place of residence? Yes or No  
If no, please explain: \_\_\_\_\_
5. Will you have 50% or more physical custody of all minor members in household? Yes or No  
If no, please explain: \_\_\_\_\_
6. Will you be receiving rental assistance while living at this community? Yes or No  
If yes, please list source of assistance: \_\_\_\_\_
- a. Has your rental assistance ever been terminated for fraud, nonpayment of rent or failure to recertify? Yes or No  
If yes, please explain: \_\_\_\_\_
7. Do you own any pets that would be moving with you into the community? Yes or No  
If yes, please list types: \_\_\_\_\_

OTHER INFORMATION:		
Type of Vehicle: _____ (car, truck, etc..)	License Plate # _____	
Make/Model: _____	Year: _____	Color: _____
Type of Vehicle: _____ (car, truck, etc..)	License Plate # _____	
Make/Model: _____	Year: _____	Color: _____

EMERGENCY INFORMATION: <i>In case of emergency, notify...</i>	
Name: _____	Phone #1 _____ Phone #2 _____
Address: _____	Relationship: _____

### **CERTIFICATION OF ACCURACY AND COMPLETENESS**

I/We certify that all information provided in this rental application is true and complete to the best of knowledge and understand that this information will be used to verify income eligibility for the tax credit program under which I/We applied. I further understand and agree that the owner/management agent will use this information to investigate My/Our credit worthiness through credit bureau, criminal checks and landlord verification. I/We further understand that any applicant who purposefully falsifies, misrepresents or withholds any information related to program eligibility or submits inaccurate and/or incomplete information on this application will not be considered for housing. Furthermore, if such misrepresentation or omission is discovered after tenancy has begun, I/We understand that we may be subject to eviction or punishable by law.

**I swear that I have read the above statement and I grant my consent for the release of information to all necessary third parties as needed for verification purposes.**

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**



## OFFICE USE ONLY

### ADDITIONAL DOCUMENTS REQUIRED FOR THIS HOUSEHOLD

Needed    Received


#### **Household Composition**

- Social security cards for each member of household.
- Birth certificates for all minor members.

#### Student Question


- 1.a. Public Assistance Verification
- 1.b. Documentation of JTPA enrollment or other qualified program
- 1.c. Full copy of most recent federal and state joint tax return
- 1.d. Full copy of most recent federal and state tax return
- 2. Copy of divorce decree including child support and property settlement
- 3. Application for additional household member(s) expected
- 4. Emancipation documentation

#### **Employment Income**


- Employment Verification of current employment
- Employment Verification of additional employment
- Employment Verification of previous employment

#### **Other Income (number corresponds to type of income listed in chart)**


- 1. (New)-Complete Newly Self-Employed Verification
- 1. (Established)-Affidavit of Self-Employment Income and a full copy of most recent federal and state tax return, including all schedules


- 2. Non-Employment Affidavit
- 3. Unemployment Compensation Verification
- 4. Disability/Severance Pay/Worker's Compensation Verification
- 5. Social Security/SSI Income Verification
- 6. Veteran's Administration Income Verification
- 7. Pension/Annuity Income Verification
- 8. Military Compensation Verification
- 9. Public Assistance Verification
- 10. Child Support/Spousal Support/Family Maintenance Verification
- 10. Affidavit of Child Support, alimony or Family Maintenance
- 11. Recurring Gift/Contribution Verification
- 12. Affidavit of Rental Income
- 13. Lottery Winnings Income/Asset Verification
- 14. Adoption Assistance Verification
- 15. Trust Income-Asset Verification
- 16. Other Income Verification
- 17. Certification of Zero Income

#### **Asset Information**


- 1. Checking/Savings Asset Verification
- 2. Checking/Savings Asset Verification
- 3. Affidavit of Cash Assets
- 4. Stocks/Mutual Funds Asset Verification
- 5. CD/Money Market/Treasury Bill Asset Verification



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6. CD/Money Market/Treasury Bill Asset Verification
7. Bond Asset Verification
8. IRA/Keogh Asset Verification
9. 401K Asset Verification
10. Pension/Annuity Asset Verification
11. Whole Life/Universal Life Insurance Asset Verification
12. Whole Life/Universal Life Insurance Asset Verification
13. Real Estate Land Contract Verification
14. Real Estate Asset Value Verification
14. Real Estate Mortgage Verification
14. Real Estate Brokerage Verification
15. Affidavit of Safety Deposit Box Assets
16. Personal Property Held As An Investment
17. Trust Income-Asset Verification
18. Lottery Winnings Income/Asset Verification

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

- Asset Questions
1. Under \$5,000 Asset Certification
  2. Divestiture of Assets
  3. Divestiture of Assets



## ADDENDUM "A"

Are you currently homeless?

YES       NO

If yes, where did you sleep last night? (Please Check 1 if applicable)

\_\_\_\_\_ Car, park, sidewalks, abandoned building, inhabitable living area

\_\_\_\_\_ Emergency shelter

\_\_\_\_\_ Transitional housing

\_\_\_\_\_ Other: (Please Describe) \_\_\_\_\_

If no, are you currently endangered of being evicted or exited from your current residence?  YES       NO

If yes, where are you being evicted / exited from? (Apartment unit, rental, institution, shelter, transitional housing, etc)

\_\_\_\_\_

If yes, have you been able to identify a new residence? \_\_\_\_\_

Do you have the financial resources and/or support networks needed to obtain housing?

YES       NO

What is the best way(s) to contact you- cell phone, relative, case manager, and program?  
(List as many as appropriate)

- 1.
- 2.
- 3.