LOW INCOME HOUSING TAX CREDIT RENTAL APPLICATION

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

Date Received:	Time:	a	ım/ pm Pro	posed Effective Date:				
Phone:				Fax:				
e are pleased to consider your fa determining your eligibility. <u>All</u> m considering your application. rite N/ A if a particular quest	information will be kep Misrepresentation of in	t confidentia formation is	<u>al.</u> Failure to punishable b	provide the required i y law. Please answe	nformation er all quest	will pr :ions.	ever	nt u
IOUSEHOLD COMPOSITIO	N AND STATUS:							
ist the Head of Household (applican ne Head. Choose only one member ext 12 months including anyone wh ny temporally absent family member	to be Head of Household. o is not currently a house. rs.	List all memb	pers you anticip	ate to live with you at le	ast 50% of th	he time	in t	he
Household Member's Full Name (first and last)	Relationship to Head S= Spouse O= Other Adult C= Minor Child F= Foster Adult or Child U= Unborn 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	Par (P	"yes' ttim T) or Itim -T)*	n e r
	Head							
						1		
none #	•	Fmail A	Addrass			•		
A household member should be c lendar year, is currently attendin ime-schooled as FT students.								
COMPLETE THE FOLLOWING SI	ECTION <u>ONLY</u> IF ALL H	OUSEHOLD	MEMBERS AF	RE FULL TIME STUDE	NTS:			
a. Is at least one student rec	eiving assistance under	Title IV of	the Social Sec	curity Act? (AFDC/TAN	IF)	Yes	or	No
 b. Does at least one student Workforce Investment Ac 		_		_		Yes	or	No
c. Are the full-time students	married and entitled to	file a joint	tax return?			Yes	or	No
d. Is the household comprise of another individual and t					ependent	Yes	or	No
e. Was at least one student responsible for administer	ing foster care?					Yes	or	No
If you are divorced or separate (If divorced, please provide a f								



If ye	12 months? Yes or N sehold member on page 1 of this application.)	10					
	ny household members under age 18 claiming emai s, please provide documentation to validate emancip	,	10				
	NT EMPLOYMENT I NFORMATION: Name:	Title:					
Address		Date of Hire:	_				
City/Stat	e/Zip:	Monthly Gross Wage: \$	-				
Phone:_	Fax:	Supervisor:	Supervisor:				
	ONAL CURRENT EMPLOYER INFORMATION	ON: (complete if you currently have more than one job) Title:	_				
Address		Date of Hire:	_				
City/Stat	e/Zip:	Monthly Gross Wage: \$	-				
Phone:_	Fax:	Supervisor:	_				
	OUS EMPLOYMENT I NFORMATION: Name:	Title:	_				
Address		Date Left:	_				
City/Stat	e/Zip:	Monthly Gross Wage: \$	-				
Phone:_	Fax:	Supervisor:	_				

OTHER I NCOME I NFORMATI ON:				
Identify each source of income currently received or anticipated to be received in the next 12 months.		le Yes o		Monthly Gross Income (Enter N/A if none)
1. Adoption Assistance (Form #2)	Yes	or	No	\$
2. Disability/ Worker's Compensation/ Severance Pay (Form #8)	Yes	or	No	\$
3. Lottery Winnings Paid Periodically (Form 15)	Yes	or	No	\$
4. Military Pay (Form #16)	Yes	or	No	\$
5. Pension/ Annuity (Form #19)	Yes	or	No	\$
6. Educational Financial Assistance (Form #30)	Yes	or	No	\$
7. Recurring Gift/ Contribution (Form #24)	Yes	or	No	\$
8. Child Support/ Alimony/ Family Maintenance (Form #28)	Yes	or	No	\$
9. Rental Income (Form #33)	Yes	or	No	\$
10. Self-Employment (Form #34 or #38)	Yes	or	No	\$
11. Not Employed (Form 35)	Yes	or	No	\$
12. Zero Income (No income from any source) (Form #40)	Yes	or	No	\$
13. Social Security/ SSI Benefits (Disability) (Form #42)	Yes	or	No	\$
14. Trust I ncome (From #45)	Yes	or	No	\$
15. Unemployment Compensation (Form # 46)	Yes	or	No	\$
16. VA Benefits (Form #49)	Yes	or	No	\$
17. Public Assistance (AFDC/ TANF/ W-2) / Welfare (Form #50)	Yes	or	No	\$
18. Any other income not listed above (Form #17)	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. 401K (Form #1)		Yes or No	\$ \$	
2. Bonds (Form #4)		Yes or No	\$ \$	
3. CD/Money Markets (Form #5)		Yes or No	\$	
4. Treasury Bill (Form #5)		Yes or No	\$ \$	
5. Checking (Form #6)		Yes or No	\$ \$	
6. Savings (Form #6)		Yes or No	\$ \$	
7. IRA/KEOGH (Form #12)		Yes or No	\$ \$	
8. Land Contract/Deed of Trust (Form # 13)		Yes or No	\$ \$	
9. Lottery Winnings (Lump Sum) (From #15)		Yes or No	\$ \$	
10. Pension/Annuity (Form #18)		Yes or No	\$ \$	
11. Real Estate (Form #22)		Yes or No	\$ \$	
12. Cash on Hand (Form #27)		Yes or No	\$ \$	
13. Safety Deposit Box (Form # 27)		Yes or No	\$ \$	
14. Personal Property Held as an Investment (Form #36)		Yes or No	\$ \$	
15. Stocks/Mutual Funds (Form #41)		Yes or No	\$ \$	
16. Trusts (From #45)		Yes or No	\$ \$	
17. Universal Life Insurance (From #51)		Yes or No	\$ \$	
18. Whole Life Insurance (Form #51		Yes or No	\$ \$	
19 Other Assets not listed above		Yes or No	\$ \$	



1. Do all combined assets of the	entire household exceed \$5000?	Yes	or	No	
	re you sold or given away any assets listed han \$1,000 less than Fair Market Value? following:	Yes	or	No	
, , p	Was the disposal of this	asset due to	circle a	as approp	oriate):
Asset Disposed:		Bankrupto	СУ	Yes	No
Date Disposed:		Foreclosu	-	Yes	No
Amount Disposed:		Marital Se	paration	Yes	No
		Divorce		Yes	No
3. Have you given any gifts of m two (2) years?	oney totaling more than \$1,000 in the past	Yes	or	No	
Gifted To:					
Date Gifted:					
Current Address:			Own Other	<u>L</u>	Rent
City/State/Zip:					
Landlord Name/Mortgage Compar		Date I	Moved Ir	ı:	
Phone:	ny:				
Previous	ny:	Rent/			
Address:	ny:	Rent/I			
	ny: Reason for leaving:	Rent/l	Mortgage Own	e: \$ <u>_</u>	Rent
City/State/Zip:	ny: Reason for leaving:	Rent/l	Mortgage Dwn Other Moved Ir	<u></u>	Rent
City/State/Zip:	ny: Reason for leaving:	Rent/	Mortgage Dwn Other Moved Ir Mortgage		Rent
City/State/Zip: Landlord Name/Mortgage Compar Phone: Previous	ny: Reason for leaving:	Rent/	Mortgage Dwn Other Moved Ir Mortgage	e: \$	Rent
City/State/Zip: Landlord Name/Mortgage Compar Phone: Previous Address:	Reason for leaving:	Rent/	Own Other Moved Ir Mortgage Own Other	e: \$	Rent
City/State/Zip: Landlord Name/Mortgage Compar Phone: Previous Address: City/State/Zip:	Reason for leaving:	Rent/I	Own Other Moved Ir Mortgage Own Other Moved Ir		Rent



1.	Have you ever been evicted from tenancy? If yes, please list date:	Yes	or	No	
2.	Have you ever filed for bankruptcy? If yes, please list date:	Yes	or	No	
3.	Have you ever been convicted of a felony? If yes, please list what for:	Yes	or	No	
4.	Will this be your only place of residence? If no, please explain:	Yes	or	No	
5.	Will you have 50% or more physical custody of all minor members in household of no, please explain:	? Yes	or	No	
6.	Will you be receiving rental assistance while living at this community? If yes, please list source of assistance:	Yes	or	No	
	Has your rental assistance ever been terminated for fraud, nonpayment of rent or failure to recertify? If yes, please explain:	Yes	or	No	
7.	Do you own any pets that would be moving with you into the community? If yes, please list types:	Yes	or	No	
01	THER I NFORMATI ON:				
		License Pla	ate#		
				Color:	
Туј	pe of Vehicle:(car, truck, etc)	License Pla	ate #		
Ма	ke/Model:	Year:		Color:	
	MERGENCY INFORMATION: In case of emergency, notify	Dl # 4			
ING					
Δd		Relationsh			
, 10		0.0.1011011	·		
CF	ERTI FI CATI ON OF ACCURACY AND COMPLETENESS				
<u>UL</u>	THE TOTAL OF ACCUMANT AND COME LETERISCO				
	Ve certify that all information provided in this rental application is true and comples information will be used to verify income eligibility for the tax credit program un				
agı	ree that the owner/management agent will use this information to investigate My/	Our credit	worthi	ness through credit bureau,	anc
	minal checks and landlord verification. I/We further understand that any applican hholds any information related to program eligibility or submits inaccurate and/or				l no
be	considered for housing. Furthermore, if such misrepresentation or omission is dis	•		• •	0
un	derstand that we may be subject to eviction or punishable by law.				
	der penalty of perjury, I swear that I have read the above statement an ormation to all necessary third parties as needed for verification purpos		my co	onsent for the release of	
 Ap	plicant's Signature		D	 ate	



OFFICE USE ONLY

ADDITIONAL DOCUMENTS REQUIRED FOR THIS HOUSEHOLD

Needed	Received	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 1.e. Former Foster Care Assistance Verification 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 I ncome (number corresponds to type of income listed in chart) (New)-Complete Newly Self-Employed Verification (Established)-Affidavit of Self-Employment Income and a full copy of most recent federal and state tax return, including all schedules Non-Employment Affidavit
		 Non-Employment Affidavit Unemployment Compensation Verification Disability/Severance Pay/Worker's Compensation Verification Social Security/SSI Income Verification Veteran's Administration Income Verification
		 Pension/Annuity Income Verification Military Compensation Verification Public Assistance Verification 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. Educational Financial Assistance (unless applicant is over 23 with dependent children) 17. Other Income Verification
11 1		18. Certification of Zero Income



	1.	Checking/Savings Asset Verification
	2.	Checking/Savings Asset Verification
同	3.	Affidavit of Cash Assets
	4.	Stocks/Mutual Funds Asset Verification
	5.	CD/Money Market/Treasury Bill Asset Verification
	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
	Asset	Questions
	1.	Under \$5,000 Asset Certification
	2.	Divestiture of Assets
	3.	Divestiture of Assets

Asset Information

