

# APPLICATION FOR HOUSING

Low-Income Housing Tax Credit Property

**Please Print Clearly**

|                                                 |                 |
|-------------------------------------------------|-----------------|
| This is an application for housing at:          | <b>Project:</b> |
|                                                 | <b>Address:</b> |
|                                                 |                 |
|                                                 |                 |
| Please complete this application and return to: | <b>Name:</b>    |
|                                                 | <b>Address:</b> |
|                                                 |                 |
|                                                 |                 |

Applications are placed in order of date and time received. An applicant may be interviewed only after the receipt of this tenant application. Every question **must** be answered. Do **NOT** leave blanks. Use N/A when not applicable.

## A. GENERAL INFORMATION

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Apt.# City State ZIP

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

No. of BR's in current unit: \_\_\_\_\_ Do you ☐ RENT or ☐ OWN (check one)

Amount of current monthly rental or mortgage payment: \$ \_\_\_\_\_

If owned, do you receive monthly rental income from property? ☐ Yes ☐ No (check one)

Check utilities paid by you: ☐ Heat ☐ Electricity ☐ Gas ☐ Other (specify)

Approximate monthly cost of utilities paid by you (excluding phone and cable TV): \$ \_\_\_\_\_

Bedroom size requested: ☐ Studio ☐ One BR ☐ Two BR ☐ Three BR ☐ Handicap BR



## B. HOUSEHOLD COMPOSITION

|      | Name | Relationship to head | Birth Date | Age (optional) | SS# (last 4 digits) | Student Y/N |
|------|------|----------------------|------------|----------------|---------------------|-------------|
| Head |      | Self                 |            |                |                     |             |
| Co-H |      |                      |            |                |                     |             |
| 3.   |      |                      |            |                |                     |             |
| 4.   |      |                      |            |                |                     |             |
| 5.   |      |                      |            |                |                     |             |
| 6.   |      |                      |            |                |                     |             |
| 7.   |      |                      |            |                |                     |             |
| 8.   |      |                      |            |                |                     |             |

Will all listed minors be living in the unit at least 50% of the time? ☐ Yes ☐ No  
 If not, explain custody agreement (proof of custody may be required): \_\_\_\_\_

|                                                                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Have there been any changes in household composition in the last twelve months? <input type="checkbox"/> Yes <input type="checkbox"/> No    |
| <b><i>If yes, explain:</i></b>                                                                                                                 |
| 2. Do you anticipate any changes in household composition in the next twelve months? <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| <b><i>If yes, explain:</i></b>                                                                                                                 |
| 3. Is there someone not listed above who would normally be living with the household? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b><i>If yes, explain:</i></b>                                                                                                                 |
| 4. Are you living with anyone now who will not be moving into this unit with you? <input type="checkbox"/> Yes <input type="checkbox"/> No     |
| <b><i>If yes, explain:</i></b>                                                                                                                 |

5. Will all of the persons in the household be or have been full-time students during five calendar months of this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students? ☐ Yes ☐ No

**IF YES, ANSWER THE FOLLOWING QUESTIONS (6-10):**

|                                                                                                                                                                                                    |                              |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| 6. Are any full-time student(s) married and filing a joint tax return?                                                                                                                             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?                                                                              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Are any full-time student(s) a TANF or a title IV recipient?                                                                                                                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Are any full-time student(s) a single parent living with his/her child(ren) who is not a dependent on another's tax return and whose children are not dependents of anyone other than a parent? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. Is any student a person who was previously under the care and placement of a foster care program (under Part B or E of Title IV of the Social Security Act)?                                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

### C. INCOME

List ALL sources of income as requested below. If a section doesn't apply, cross out or write NA.

| Household Member Name | Source of Income                                                 | Gross Monthly Amount |
|-----------------------|------------------------------------------------------------------|----------------------|
| 11.                   | Social Security                                                  | \$                   |
| 12.                   | Social Security                                                  | \$                   |
| 13.                   | SSI Benefits                                                     | \$                   |
| 14.                   | SSI Benefits                                                     | \$                   |
| 15.                   | Pension (list source)                                            | \$                   |
| 16.                   | Pension (list source)                                            | \$                   |
| 17.                   | Veteran's Benefits (list claim #)                                | \$                   |
| 18.                   | Veteran's Benefits (list claim #)                                | \$                   |
| 19.                   | Unemployment Compensation                                        | \$                   |
| 20.                   | Unemployment Compensation                                        | \$                   |
| 21.                   | Public Assistance (Title IV/TANF etc.)                           | \$                   |
| 22.                   | Contributions to the Household (monetary or not)                 | \$                   |
| 23.                   | Full-Time Student Income (18 & Over Only)                        | \$                   |
| 24.                   | Financial Aid (excluding loans)                                  | \$                   |
| 25.                   | Annuities (list sources)                                         | \$                   |
| 26.                   | Long Term Medical Care Insurance Payments in excess of \$180/day | \$                   |
| 27.                   | Scheduled Payments from Investments                              | \$                   |
| 28.                   | Retirement Account Payments (including RMDs)                     | \$                   |
| 29.                   | Income From Rental Property                                      | \$                   |

| Household Member Name | Source of Income         | Monthly Amount |
|-----------------------|--------------------------|----------------|
| 30.                   | <b>Employment amount</b> | \$             |
|                       | Employer:                |                |
|                       | Position Held            |                |
|                       | How long employed:       |                |
| 31.                   | <b>Employment amount</b> | \$             |
|                       | Employer:                |                |
|                       | Position Held            |                |
|                       | How long employed:       |                |

| Household Member Name                                                                                                                                                             | Source of Income                                                   | Monthly Amount                                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|----------------------------------------------------------|
| 32.                                                                                                                                                                               | <b>Employment amount</b>                                           | \$                                                       |
|                                                                                                                                                                                   | Employer:                                                          |                                                          |
|                                                                                                                                                                                   | Position Held                                                      |                                                          |
|                                                                                                                                                                                   | How long employed:                                                 |                                                          |
| 33.                                                                                                                                                                               | <b>Previous Employment amount (last 60 days)</b>                   | \$                                                       |
|                                                                                                                                                                                   | Employer:                                                          |                                                          |
|                                                                                                                                                                                   | Position Held                                                      |                                                          |
|                                                                                                                                                                                   | How long employed:                                                 |                                                          |
| 34.                                                                                                                                                                               | <b>Alimony</b>                                                     |                                                          |
|                                                                                                                                                                                   | Do you receive alimony?                                            | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                                                                                                                                                                                   | If yes list amount you receive.                                    | \$                                                       |
| 35.                                                                                                                                                                               | <b>Child Support</b>                                               |                                                          |
|                                                                                                                                                                                   | Do you receive formal/informal (money, items, etc.) child support? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                                                                                                                                                                                   | If yes, list the amount you receive.                               | \$                                                       |
| 36.                                                                                                                                                                               | <b>Other Income</b>                                                | \$                                                       |
| 37.                                                                                                                                                                               | <b>Other Income</b>                                                | \$                                                       |
| 38.                                                                                                                                                                               | <b>Other Income</b>                                                | \$                                                       |
| 39. <b>TOTAL GROSS ANNUAL INCOME</b> (Based on the monthly amounts listed above x 12)                                                                                             |                                                                    | \$                                                       |
| 40. <b>TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR</b> (Do <b>NOT</b> leave this blank)                                                                                          |                                                                    | \$                                                       |
| 41. Do you anticipate any changes in this income in the next 12 months?                                                                                                           |                                                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 42. Is any member of the household legally entitled to receive income assistance?                                                                                                 |                                                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 43. Is any member of the household likely to receive income or assistance ( <b>monetary or not</b> ) from someone who is not a member of the household as listed on Page 2 etc.)? |                                                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 44. <b>If yes to any of the above, explain:</b>                                                                                                                                   |                                                                    |                                                          |
|                                                                                                                                                                                   |                                                                    |                                                          |
|                                                                                                                                                                                   |                                                                    |                                                          |
| 45. Is the income received?                                                                                                                                                       |                                                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| D. ASSETS (even if jointly held)                                                                                                       |   |      |            |
|----------------------------------------------------------------------------------------------------------------------------------------|---|------|------------|
| If your assets are too numerous to list here, please request an additional form.<br>If a section doesn't apply, cross out or write NA. |   |      |            |
| 46. Checking Accounts                                                                                                                  | # | Bank | Balance \$ |
|                                                                                                                                        | # | Bank | Balance \$ |
|                                                                                                                                        | # | Bank | Balance \$ |
|                                                                                                                                        | # | Bank | Balance \$ |
| 47. Savings Accounts                                                                                                                   | # | Bank | Balance \$ |
|                                                                                                                                        | # | Bank | Balance \$ |
|                                                                                                                                        | # | Bank | Balance \$ |
|                                                                                                                                        | # | Bank | Balance \$ |

|                                                        |       |               |                         |          |
|--------------------------------------------------------|-------|---------------|-------------------------|----------|
| 48. Trust Account                                      | #     | Bank          | Balance \$              |          |
| 49. Debit cards not associated with a checking account | #     | Bank          | Balance \$              |          |
|                                                        | #     | Bank          | Balance \$              |          |
|                                                        | #     | Bank          | Balance \$              |          |
| 50. Certificates of Deposit                            | #     | Bank          | Balance \$              |          |
|                                                        | #     | Bank          | Balance \$              |          |
|                                                        | #     | Bank          | Balance \$              |          |
|                                                        | #     | Bank          | Balance \$              |          |
| 51. Money Market Accounts                              | #     | Bank          | Balance \$              |          |
|                                                        | #     | Bank          | Balance \$              |          |
|                                                        | #     | Bank          | Balance \$              |          |
| 52. Savings Bonds                                      | #     | Maturity Date | Value \$                |          |
|                                                        | #     | Maturity Date | Value \$                |          |
|                                                        | #     | Maturity Date | Value \$                |          |
|                                                        | #     | Maturity Date | Value \$                |          |
| 53. Life Insurance Policy                              | #     |               | Cash Value \$           |          |
| 54. Life Insurance Policy                              | #     |               | Cash Value \$           |          |
| 55. Mutual Funds                                       | Name: | #Shares:      | Interest or Dividend \$ | Value \$ |
|                                                        | Name: | #Shares:      | Interest or Dividend \$ | Value \$ |
|                                                        | Name: | #Shares:      | Interest or Dividend \$ | Value \$ |
| 56. Stocks                                             | Name: | #Shares:      | Dividend Paid \$        | Value \$ |
|                                                        | Name: | #Shares:      | Dividend Paid \$        | Value \$ |
|                                                        | Name: | #Shares:      | Dividend Paid \$        | Value \$ |
|                                                        |       |               |                         |          |
| 57. Bonds                                              | Name: | #Shares:      | Interest or Dividend \$ | Value \$ |
|                                                        | Name: | #Shares:      | Interest or Dividend \$ | Value \$ |

|                                                                     |                                        |                                                          |
|---------------------------------------------------------------------|----------------------------------------|----------------------------------------------------------|
| 58. Real Estate Property:                                           | <b><i>Do you own any property?</i></b> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b><i>If yes</i></b> , Type of property                             |                                        |                                                          |
| 59. Location of property                                            |                                        |                                                          |
| 60. Appraised Market Value                                          |                                        | \$                                                       |
| 61. Mortgage or outstanding loans balance due                       |                                        | \$                                                       |
| 62. Amount of annual insurance premium                              |                                        | \$                                                       |
| 63. Amount of most recent tax bill                                  |                                        | \$                                                       |
| 64. Is the property subject to foreclosure, bankruptcy or eviction? |                                        | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b><i>If yes</i></b> , describe:                                    |                                        |                                                          |

|                                                                 |                                                          |
|-----------------------------------------------------------------|----------------------------------------------------------|
| 65. Have you sold/disposed of any property in the last 2 years? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|-----------------------------------------------------------------|----------------------------------------------------------|

|                                     |    |
|-------------------------------------|----|
| <b>If yes, Type of property:</b>    |    |
| 66. Market value when sold/disposed | \$ |
| 67. Amount sold/disposed for        | \$ |
| 68. Date of transaction:            |    |

|                                                                                                                                            |    |
|--------------------------------------------------------------------------------------------------------------------------------------------|----|
| 69. Have you disposed of any other assets in the last 2 years (Example: Given away money to relatives, set up Irrevocable Trust Accounts)? |    |
| <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                   |    |
| <b>If yes, describe the asset:</b>                                                                                                         |    |
| 70. Date of disposition:                                                                                                                   |    |
| 71. Amount disposed                                                                                                                        | \$ |

|                                                                                  |                                                          |
|----------------------------------------------------------------------------------|----------------------------------------------------------|
| 72. Do you have any other assets not listed above (excluding personal property)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>If yes, please list:</b>                                                      |                                                          |
|                                                                                  |                                                          |
|                                                                                  |                                                          |

### E. ADDITIONAL INFORMATION

|                                                                                |                              |                             |
|--------------------------------------------------------------------------------|------------------------------|-----------------------------|
| 73. Are you or any member of your family currently using an illegal substance? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 74. Have you or any member of your family ever been convicted of a felony?     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>If yes, describe:</b>                                                       |                              |                             |
|                                                                                |                              |                             |
| 75. Have you or any member of your family ever been evicted from any housing?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>If yes, describe</b>                                                        |                              |                             |
|                                                                                |                              |                             |
| 76. Have you ever filed for bankruptcy?                                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>If yes, describe</b>                                                        |                              |                             |
|                                                                                |                              |                             |
| 77. Will you take an apartment when one is available?                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>Briefly describe your reasons for applying:</b>                             |                              |                             |
|                                                                                |                              |                             |

### F. REFERENCE INFORMATION

|                      |             |  |
|----------------------|-------------|--|
| 78. Current Landlord | Name:       |  |
|                      | Address:    |  |
|                      | Cell Phone: |  |
|                      | Email:      |  |
|                      | How Long?   |  |



|                    |             |  |
|--------------------|-------------|--|
| 79. Prior Landlord | Name:       |  |
|                    | Address:    |  |
|                    | Cell Phone: |  |
|                    | Email:      |  |
|                    | How Long?   |  |

|                          |          |
|--------------------------|----------|
| 80. Credit Reference #1: |          |
| Address:                 |          |
| Account #:               | Phone #: |

|                          |          |
|--------------------------|----------|
| 81. Credit Reference #2: |          |
| Address:                 |          |
| Account #:               | Phone #: |

|                            |          |
|----------------------------|----------|
| 82. Personal Reference #1: |          |
| Address:                   |          |
| Relationship:              | Phone #: |

|                            |          |
|----------------------------|----------|
| 83. Personal Reference #2: |          |
| Address:                   |          |
| Relationship:              | Phone #: |

|                            |          |
|----------------------------|----------|
| 84. Personal Reference #3: |          |
| Address:                   |          |
| Relationship:              | Phone #: |

|                                  |          |
|----------------------------------|----------|
| 85. In case of emergency notify: |          |
| Address:                         |          |
| Relationship:                    | Phone #: |

|                                                                                                                                                                     |  |                              |                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------|-----------------------------|
| <b>G. VEHICLE AND PET INFORMATION (if applicable)</b>                                                                                                               |  |                              |                             |
| List any cars, trucks, or other vehicles owned. Parking will be provided for one vehicle. Arrangements with Management will be necessary for more than one vehicle. |  |                              |                             |
| 86. Type of Vehicle:                                                                                                                                                |  | License Plate #:             |                             |
| Year/Make:                                                                                                                                                          |  | Color:                       |                             |
| 87. Type of Vehicle:                                                                                                                                                |  | License Plate #:             |                             |
| Year/Make:                                                                                                                                                          |  | Color:                       |                             |
| 88. Do you own any pets?                                                                                                                                            |  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <i>If yes, describe:</i>                                                                                                                                            |  |                              |                             |

## H. APPLICATION ASSISTANCE

|                                                                         |                              |                             |
|-------------------------------------------------------------------------|------------------------------|-----------------------------|
| 89. Did anyone help/assist you in filling out this application?         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <i>If yes, who assisted and what was the reason for the assistance:</i> |                              |                             |
|                                                                         |                              |                             |

## CERTIFICATION

I/We hereby certify that I/We Do/Will Not maintain a separate subsidized rental unit in another location. I/We further certify that this will be my/our permanent residence. I/We understand I/We must pay a security deposit for this apartment prior to occupancy. I/We understand that my eligibility for housing will be based on applicable income limits and by management's selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge, and I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. All adult applicants, 18 or older, must sign and date the application.

SIGNATURE(S) (**Must be dated**):

\_\_\_\_\_  
(Signature of Tenant)

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Signature of Co-Tenant)

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Signature of Co-Tenant)

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Signature of Co-Tenant)

\_\_\_\_\_  
Date