

# LIHTC APPLICATION FOR HOUSING

Please complete one application per household

Community Name:			<b>OFFICE USE ONLY, DATE &amp; TIME RECEIVED:</b>
Community Address:			
City:	State:	Zip:	Management Initials:
Phone No.			Unit Size Requested:
Fax No.			Move In Date Required:
How did you hear about our community:			

## A. CONTACT INFORMATION

Mailing Street Address:			Apt:
City:	State:	Zip	
Primary Phone Number:		Cell / Home / Work (circle one)	
Secondary Phone Number:		Cell / Home / Work (circle one)	

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.

## B. HOUSEHOLD COMPOSITION

Name	Relationship to head	Marital Status	Birth Date	Age	Social Security Number	Student Y/N
	Self					Y / N
						Y / N
						Y / N
						Y / N
						Y / N
						Y / N
						Y / N
						Y / N

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

1. Is this the entire household to occupy the unit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If no, please explain:</i>		
2. Do you anticipate any changes in the household composition in the next twelve months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, please explain:</i>		
3. Will anyone in the household require a Live-In-Aide?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, explain:</i>		
4. Does anyone in the household need any specific features or unit designs such a wheelchair accessibility, visual aids (Braille) or apparatus for hearing assistance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, explain:</i>		
5. Are any household members foster children or foster adults?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, explain:</i>		
6. Are any household members temporarily absent?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, explain:</i>		
7. Are any household members permanently confined to a hospital or nursing home?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, explain:</i>		

### C. HOUSEHOLD STUDENT STATUS

8. 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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**IF YES, ANSWER THE FOLLOWING QUESTIONS (9-13):**

9. Are any full-time student(s) married and filing a joint tax return?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. 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
11. Are any full-time student(s) a TANF or a title IV recipient?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. 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
13. 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

**D. INCOME**

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

<b>Household Member Name</b>	<b>Source of Income</b>	<b>Gross Monthly Amount</b>
11.	Social Security/Social Security Disability	\$
12.	Social Security/Social Security Disability	\$
13.	Supplemental Social Security Income (SSI Benefits)	\$
14.	Supplemental Social Security Income (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.	Annuity (Annual and Monthly Disbursements)	\$
26.	IRA (Annual and/or Monthly Disbursements)	\$
27.	Retirement Account (Annual and/or Monthly Disbursement)	\$
28.	Long Term Medical Care Insurance Payments in excess of \$180/day	\$
29.	Income From Rental Property	\$

<b>Household Member Name</b>	<b>Source of Income</b>	<b>Monthly Amount</b>
14.	<b>Employment amount</b>	\$
	Employer:	
	Position Held	
	How long employed:	
15.	<b>Employment amount</b>	\$
	Employer:	
	Position Held	
	How long employed:	
16.	<b>Employment amount</b>	\$
	Employer:	
	Position Held	
	How long employed:	
	<b>Alimony</b>	

17.	Do you receive formal/informal alimony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes list amount you receive.	\$	
18.	<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.	\$	
19.	<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.	\$	
20.	<b>Other Income</b>	\$	
21.	<b>Other Income</b>	\$	
22.	<b>Other Income</b>	\$	
23. Do you anticipate any changes in this income in the next 12 months?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
24. Is any member of the household legally entitled to receive income assistance?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
25. Is any member of the household likely to receive income or assistance ( <i>monetary or not</i> ) from someone who is not a member of the household as listed on Page 2 etc.)?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
26. <i>If yes to any of the above, explain:</i>			
27. Is the income received?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

## E. ASSETS

List all household assets including assets that are held jointly.  
 If your assets are too numerous to list here, please request an additional form.  
**If a section doesn't apply, cross out or write NO.**

28. Checking Accounts	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
29. Savings Accounts	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
30. Trust Account	#	Bank	Balance \$	
31. Prepaid Debit cards not associated with a checking account	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
32. Certificates of Deposit	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
33. Money Market Accounts	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
34. Savings Bonds	#	Maturity Date	Value \$	
	#	Maturity Date	Value \$	
	#	Maturity Date	Value \$	
	#	Maturity Date	Value \$	
35. Life Insurance Policy	#		Cash Value \$	
36. Life Insurance Policy	#		Cash Value \$	
37. Mutual Funds	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
38. Stocks/Bonds	Name:	#Shares:	Dividend Paid \$	Value \$
	Name:	#Shares:	Dividend Paid \$	Value \$
	Name:	#Shares:	Dividend Paid \$	Value \$
39. Retirement Accounts	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$

40. Real Estate Property: <b><i>Do you own any property?</i></b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b><i>If yes, Type of property</i></b>	
41. Location of property	
42. Appraised Market Value	\$
43. Mortgage or outstanding loans balance due	\$
44. Amount of annual insurance premium	\$
45. Amount of most recent tax bill	\$
46. Is the property subject to foreclosure, bankruptcy or eviction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b><i>If yes, describe:</i></b>	

47. Have you sold or disposed of any property in the last 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b><i>If yes, Type of property:</i></b>	
48. Market value when sold/disposed	\$
49. Amount sold/disposed for	\$
50. Date of transaction:	
51. 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><i>If yes, describe the asset:</i></b>	
52. Date of disposition:	
53. Amount disposed	\$

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

### F. ADDITIONAL INFORMATION

55. Are you or any member of your family currently using an illegal substance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
56. Have you or any member of your family ever been convicted of a felony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b><i>If yes, describe:</i></b>		
57. Have you or any member of your family ever been evicted from any housing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b><i>If yes, describe</i></b>		
58. Are any members of the household subject to a Lifetime Sex Offender Registration in any state?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b><i>If yes, describe</i></b>		
59. Please provide all states where every household member has resided?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b><i>States:</i></b>		

## G. RESIDENTIAL HISTORY

Please provide residence history for all household members within the past 36 months.

<b>60. Current Address:</b>			
City		State:	Zip Code:
Are any household members currently residing in subsidized housing?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Who currently resides at this address:			
Do you own current residence?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you rent the current residence?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name of Housing Community:			
Move In Date:			
Landlord's Name:		Landlord's Number	
<b>61. Prior Address:</b>			
City		State:	Zip:
Who currently resides at this address:			
Do you own residence?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you rent residence?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name of Housing Community:			
Move In Date:		Move Out Date:	
Landlord's Name:		Landlord's Number	
<b>62. Prior Address:</b>			
City		State:	Zip:
Who currently resides at this address:			
Do you own residence?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you rent residence?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name of Housing Community:			
Move In Date:		Move Out Date:	
Landlord's Name:		Landlord's Number	

63. In case of emergency notify:	
Address:	
Relationship:	Phone #:

**H. VEHICLE AND PET INFORMATION**

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.			
64. Type of Vehicle:	License Plate #:		
Year/Make:	Color:		
65. Type of Vehicle:	License Plate #:		
Year/Make:	Color:		
66. Do you own any pets?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<i>If yes, describe:</i>			

**H. APPLICATION ASSISTANCE**

67. 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