



PROPERTY NAME \_\_\_\_\_

Date Received: \_\_\_\_\_  
For Office Use Only

**APPLICATION FOR HOUSING – TAX CREDIT**  
**Equal Housing Opportunity**

Bedroom Size Requested: 1 Bdrm \_\_\_\_ 2 Bdrm \_\_\_\_ 3 Bdrm \_\_\_\_ 4 Bdrm \_\_\_\_

THIS APPLICATION MUST BE COMPLETED AND RETURNED WITH A \$\_\_\_\_\_ NON-REFUNDABLE APPLICATION PROCESSING FEE. ALSO ENCLOSE COPIES OF ALL SOCIAL SECURITY CARDS.

Applicant Name: \_\_\_\_\_  
Last MI First

Co- Applicant Name: \_\_\_\_\_  
Last MI First

Current Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Tel #: \_\_\_\_\_

Applicant Driver's License # \_\_\_\_\_ or State ID # \_\_\_\_\_

Co-Applicant Driver's License # \_\_\_\_\_ or State ID # \_\_\_\_\_

**All co-applicants, age 18 or older, other than spouse, are required to complete a separate application.**  
**Any applicant who purposefully falsified, 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 nor placed on the waiting list.**

**HOUSEHOLD COMPOSITION**

Complete, in your own handwriting. List the Head of Household (applicant) and all other persons who will be living in your unit. Give the relationship of each family member to the head.

Member Full Name	Relationship	Date of Birth	Age	Sex	Student Y or N	Social Security #
	HEAD					

Do you anticipate any additions to this household in the next twelve months? YES \_\_\_\_\_ NO \_\_\_\_\_  
Explain: \_\_\_\_\_

**THIS PERTAINS TO TAX CREDIT DEVELOPMENTS:**

\_\_\_\_\_ I certify, under penalty of perjury, that I am not a full-time student and have not been a full-time student in the last calendar year. I understand management may verify my student status with: \_\_\_\_\_ (name of college). I will notify management if I become a full-time student in the future and understand that my student status could affect my eligibility to live in this complex.

\_\_\_\_\_ I am a full-time student and may meet one of the exceptions below. Proof of exception is required.

- a. Is the full time student married and filing a joint tax return? YES \_\_\_\_\_ NO \_\_\_\_\_
- b. Is the student a title IV recipient? YES \_\_\_\_\_ NO \_\_\_\_\_
- c. Is the student enrolled in a job training program receiving assistance under the Job Training partnership act? YES \_\_\_\_\_ NO \_\_\_\_\_
- d. Is the full-time student an AFDC recipient? YES \_\_\_\_\_ NO \_\_\_\_\_
- e. Is the full time student a single parent living with his/her minor child who is not a dependant on another's tax return? YES \_\_\_\_\_ NO \_\_\_\_\_

All family members 18 or over listed as Full Time Students provide the following information:

School Name & Address: \_\_\_\_\_

School Name & Address: \_\_\_\_\_

Does your household have any needs that might be better served by an apartment which is accessible to persons with mobility impairments? Yes / No If yes, explain \_\_\_\_\_

**EMERGENCY CONTACT: The following information is voluntary. It will only be used in case of emergencies, once your application has been approved for occupancy and you have moved into the building.**

1. Contact \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address \_\_\_\_\_ Phone # ( ) \_\_\_\_\_
  
2. Contact \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address \_\_\_\_\_ Phone # ( ) \_\_\_\_\_

**QUESTIONS – Please answer all of the following questions. (Use back for extra space.)**

Have you or anyone named on this application ever been convicted of a crime? \_\_\_ If so, explain \_\_\_\_\_

Are you or any member of your household subject to a lifetime registration under the State sex offender registration program? \_\_\_\_\_

Does anyone in your household use illegal drugs or has been convicted for use, manufacture or distribution of illegal drugs? \_\_\_\_\_. If so, explain \_\_\_\_\_

Have you ever been evicted or violated your lease? \_\_\_\_\_. If so, explain \_\_\_\_\_

Have your monthly rent obligations been paid on time? \_\_\_\_\_. If no, explain \_\_\_\_\_

Have you always received all of your security deposited refund? \_\_\_\_\_. If no, explain \_\_\_\_\_

Have you paid in full all utilities for which you have been responsible? \_\_\_\_\_. If no, explain \_\_\_\_\_

Is there anyone currently living with you that is not on this application? \_\_\_\_\_. If so, explain \_\_\_\_\_

Do you have sole legal and physical custody of your children? \_\_\_\_\_. If no, explain \_\_\_\_\_

Does your household have a pet? \_\_\_\_\_

Do you receive Housing Assistance (HRA Section 8 Certificate \_\_\_ or Voucher \_\_\_ or RAFS \_\_\_) \_\_\_\_\_

Have you or any member of your household ever used different names from the names given in this application? \_\_\_\_\_

Have you or any member of your household ever used social security numbers different from those listed in this application? \_\_\_\_\_

Have you or any member of your household lived in any other state within the past 10 years? If yes, which ones? \_\_\_\_\_

The following questions are voluntary to be used for statistical purposes only. You are not required to answer, nor does your answer affect your eligibility.

Race of Head of Household: White \_\_\_\_, Black \_\_\_\_, Native American \_\_\_\_, Asian/Pacific Islander \_\_\_\_

Ethnicity of Head of Household: Hispanic \_\_\_\_, Non-Hispanic \_\_\_\_

Are you a United States Citizen? \_\_\_ Yes \_\_\_ No If no, are you a Non-Citizen with eligible alien status? \_\_\_ Yes \_\_\_ No

Are you a Non-Citizen Student? \_\_\_ Yes \_\_\_ No

**CURRENT HOUSING STATUS**

Address	City	State	Zip

Name of Landlord: \_\_\_\_\_ Tel #: \_\_\_\_\_

Length of time at this address: From \_\_\_\_\_ To \_\_\_\_\_ Rent? \$ \_\_\_\_\_

If owned, do you receive rental income from property? YES \_\_\_ NO \_\_\_ Mortgage Payment? \$ \_\_\_\_\_

**PREVIOUS HOUSING STATUS**

Address	City	State	Zip

Name of Landlord: \_\_\_\_\_ Tel #: \_\_\_\_\_

Length of time at this address: From \_\_\_\_\_ To \_\_\_\_\_ Rent? \$ \_\_\_\_\_

If owned, do you receive rental income from property? YES \_\_\_ NO \_\_\_ Mortgage Payment? \$ \_\_\_\_\_

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**PERSONAL REFERENCES (no relatives)**

Address	City	State	Zip

Name of Reference: \_\_\_\_\_ Tel #: \_\_\_\_\_

How long have you known this individual \_\_\_\_\_ Work # \_\_\_\_\_

**PERSONAL REFERENCES (no relatives)**

Address	City	State	Zip

Name of Reference: \_\_\_\_\_ Tel #: \_\_\_\_\_

How long have you known this individual? \_\_\_\_\_ Work # \_\_\_\_\_

Note: Personal references will only be contacted if you have little or no rental history and/or little or no credit history.

**HOUSEHOLD INCOME INFORMATION**

**All information will be verified by a third party.**

For each household member age 18 or older, list current and anticipated income for the 12-month period commencing or anticipated from the date of occupancy. Include all full time, part time or seasonal employment. If a household member has more than one source of income, use a separate line for each source.

DO YOU RECEIVE OR EXPECT TO RECEIVE		Yes	No	Monthly Amount
1	Wages, salaries (includes overtime, tips, bonuses, commissions, self-employment)			\$
2	Does any member work for someone who pays them cash?			\$
3	Regular pay for a member of the armed forces?			\$
4	Welfare or disability benefits (AFDC/Public Assistance, SS, GA)?			\$
5	Worker's Compensation			\$
6	Unemployment benefits or Severance pay?			\$
7	Child Support?			\$
8	Alimony?			\$
9	Education grants, scholarships or VA student benefits?			\$
10	Social Security Payments?			\$
11	Pensions (PERA, railroad, etc.)?			\$
12	Death Benefits?			\$
13	Retirement Benefits?			\$
14	Annuities or life insurance dividends?			\$
15	Lump sum payments (include inheritance, insurance settlement, lottery winnings, etc.)?			\$
16	Net income from rental property?			\$
17	Regular cash contributions or gifts from individuals not living in the unit?			\$
18	Other? (List)			\$
				\$
				\$

Question No.	Family Member	NAME AND ADDRESS OF SOURCE(S) OF INCOME	Phone No. OF SOURCE(S) OF INCOME	Fax No. OF INCOME

**HOUSEHOLD ASSETS**

**All information will be verified by a third party.**

DO YOU HAVE MONEY HELD IN:		Yes	No	Current Balance	DO YOU HAVE MONEY HELD IN:		Yes	No	Current Balance
1	Checking Accounts			\$	10	IRA/KEOGH Accounts			\$
2	Savings Accounts			\$	11	Certificates of Deposit			\$
3	Stocks			\$	12	Pension/Retirement Funds			\$
4	Capital Investments			\$	13	Money Market Funds			\$
5	Bonds			\$	14	Treasury Bills			\$
6	Trusts*			\$	15	Safety Deposit Box			\$
7	Securities			\$	16	Other (list)			\$
8	Insurance Settlements			\$					\$
9	401K*			\$					\$

