

# APPLICATION for LOW INCOME HOUSING TAX CREDIT (LIHTC) PROPERTY

Project Name \_\_\_\_\_ Unit # \_\_\_\_\_ No. of Bedrooms \_\_\_\_\_

Phone (home) \_\_\_\_\_ (work) \_\_\_\_\_

Current Address: \_\_\_\_\_

**PLEASE PRINT. PLEASE ANSWER ALL QUESTIONS! Do not leave any space or blanks, write "NO or N/A" where appropriate.**

## PART I - FAMILY COMPOSITION - To be completed by applicant

**Directions to Applicant:** Please complete the table below for each member of your household, whether or not those members are related. Include all members who you anticipate will live with you at least 50% of the time during the next 12 months. (A full time student is anyone who is enrolled for at least five calendar months for the number of hours or courses which are considered full-time attendance by that institution. The five calendar months need not be consecutive.)

1. 2. 3. 4. 5. 6.	Name <u>ALL</u> People to Occupy Unit			DOB	Age	Sex	Relationship	Social Security #	Student? "Yes" or "No"	If "Yes" PT or FT
	LAST NAME	FIRST	MI							
1.							HEAD			
2.										
3.										
4.										
5.										
6.										

Please complete the following questions:

- (1) Spouse's Maiden Name: \_\_\_\_\_
- (2) Do you expect any changes in the household composition in the next 12 months? \_\_\_\_\_  
\_\_\_\_\_
- (3) Do you or any other adult members of the household anticipate a change to the current income information within the next 12 months (i.e. seeking employment, expecting child support/alimony, expecting a promotion, etc.)? Y/N \_\_\_\_\_ (please describe)  
\_\_\_\_\_
- (4) Do all of the above household members reside in the household 100% of the time? Y/N \_\_\_\_\_ If no, please list the household members that do not live in the household 100% of the time: \_\_\_\_\_
- (5) Are all occupants' full time students? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, please answer the following:
  - a) Are any of the students married and already filing a joint Federal Income Tax Return with their spouse? Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, and all household members are full time students, attach a copy of the Signed Federal Income Tax Return).
  - b) Are any of the students receiving assistance under Title IV of the Social Security Act, which includes but is not limited to TANF/TAFF/AFDC/FIP? Yes \_\_\_\_\_ No \_\_\_\_\_
  - c) Are any of the students enrolled in a job training program receiving assistance under the Workforce Investment Act or under similar Federal, State or local laws? Yes \_\_\_\_\_ No \_\_\_\_\_
  - d) Are you a single parent household with at least one dependent child? The parent is not the dependent of another individual and the child is only a dependent of the resident or the other, non-resident parent. Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, and all household members are full time students, a signed copy of your Tax Return and Divorce Decree must be attached).
  - e) Are any of the students part of the foster care program? Yes \_\_\_\_\_ No \_\_\_\_\_

**PART I - FAMILY COMPOSITION (CONTINUE) - To be completed by applicant**

(6) Does any adult member of the household anticipate enrolling in the next twelve (12) months as a student?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, who \_\_\_\_\_  
 Name of School(s): \_\_\_\_\_ Address: \_\_\_\_\_

(7) Current Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ (date \_\_\_\_\_) Divorced \_\_\_\_\_ (date \_\_\_\_\_) Separated \_\_\_\_\_ (date \_\_\_\_\_) Widowed \_\_\_\_\_ (date \_\_\_\_\_)

**PART II - HOUSEHOLD INCOME - To be completed by applicant**

For questions (8) through (29), indicate the amount of anticipated income for all household members named in the table on page 1 (for minors, unearned income amounts only), during the 12 month period beginning this date. If you are uncertain which types of income must be included or may be excluded, please ask the management personnel for assistance.

Yes	No	Do you or anyone in your household have:	Annual Amount
___	___	(8) Wages or salaries (include overtime, tips, bonuses, commissions and payments received in cash)	\$ _____
___	___	(9) Child support (include child support you are entitled to but may not be receiving)	\$ _____
___	___	(10) Alimony (include alimony you are entitled to but may not be receiving)	\$ _____
___	___	(11) Social Security or Rail Road Pension	\$ _____
___	___	(12) Supplemental Security Income (SSI)	\$ _____
___	___	(13) Public Assistance - ADC, TANF, FIP, and/or Aid to Families w/Dependent Children (AFDC)	\$ _____
___	___	(14) Veterans Administration Benefits	\$ _____
___	___	(15) Pensions, IRA, and/or 401 (k) (Keogh Accounts)	\$ _____
___	___	(16) Annuities	\$ _____
___	___	(17) Unemployment Compensation	\$ _____
___	___	(18) Disability, Death Benefits and/or Life Insurance Dividends	\$ _____
___	___	(19) Workers' Compensation	\$ _____
___	___	(20) Severance Pay	\$ _____
___	___	(21) Net Income from a Business (Self Employment, including rental property, land contracts or other forms of real estate)	\$ _____
___	___	(22) Income from Assets	\$ _____
___	___	(23) Regular Contributions and/or Gifts from Person not residing at unit	\$ _____
___	___	(24) Lottery Winnings or Inheritances (paid as an annuity)	\$ _____
___	___	(25) All regular pay paid to members of the Armed Forces (Military Pay)	\$ _____
___	___	(26) Education Grants, Scholarships or Other Student Benefits (including other sources i.e. parents)	\$ _____
___	___	(27) Long Term Medical Care Insurance Payments in excess of \$180.00 per day	\$ _____
___	___	(28) Other Income _____	\$ _____
		<b>TOTAL</b>	\$ _____
		(29) Total Gross Annual Income from Previous Year	\$ _____
___	___	(30) Are any of these incomes listed above being deposited onto a pre-paid debit card (DirectExpress, NetSpend, ReliaCard, Citi Bank, Etc). If so please provide documentation so this may be verified.	

**PART III - ASSET INCOME - To be completed by applicant**

**CURRENT ASSETS** - List all assets currently held by all household members and the cash value of each. The Cash value is the market value of the asset minus reasonable costs there were, or would be, incurred in selling or converting the asset to cash.

YES	NO		CASH VALUE	BANK NAME
<b>Do You or Anyone in Your Household Have:</b>				
(31) _____	_____	Savings Account?	\$ _____	Bank _____
(32) _____	_____	Checking Account/ Debit Card/Demand Deposit Account	\$ _____	Bank _____
(33) _____	_____	Certificates of Deposit?	\$ _____	Bank _____
(34) _____	_____	Safe Deposit Box?	\$ _____	Bank _____
(35) _____	_____	Trust Account?	\$ _____	Bank _____
(36) _____	_____	Any Stocks or Securities?	\$ _____	Bank _____
(37) _____	_____	Any Treasury Bills?	\$ _____	Bank _____
(38) _____	_____	Retirement Fund? (Include IRA's, Keogh accounts)	\$ _____	Bank _____
(39) _____	_____	Mutual Funds?	\$ _____	Bank _____
(40) _____	_____	Savings Bonds?	\$ _____	Bank _____
(41) _____	_____	Money Market Account?	\$ _____	Bank _____
(42) _____	_____	Cash on Hand	\$ _____	Bank _____
(43) _____	_____	Prepaid Debit Card (DirectExpress, NetSpend, ReliaCard, Citi Bank, etc)	\$ _____	Bank _____

**Do You or Anyone in Your Household:**

- (44) \_\_\_\_\_ Do you or any other member of your household have any Whole or Universal Life Insurance Policies?  
Is so who is this listed with: \_\_\_\_\_  
Cash Value \$ \_\_\_\_\_
- (45) \_\_\_\_\_ Have any Personal Property held as an Investment (this includes: paintings, artwork, collector or show cars, jewelry, coin or stamp collections, antiques etc.)?  
Cash Value \$ \_\_\_\_\_
- (46) \_\_\_\_\_ Received any Lump Sum Receipts? (Include inheritances, capital gains, lottery winnings, insurance settlements and other claims)? When \_\_\_\_\_ Cash Value \$ \_\_\_\_\_  
Where are Funds Held? \_\_\_\_\_

**PART III - ASSET INCOME (CONTINUE) - To be completed by applicant**

(47) \_\_\_\_\_ Own equity in real estate, rental property, land contracts/contract for deeds or other real estate holdings or other capital investments (this includes your personal residence, mobile homes, vacant land, farms, vacation homes, or commercial property)?

If yes, Type of Property: \_\_\_\_\_  
Location of Property: \_\_\_\_\_  
Appraised Market Value: \_\_\_\_\_  
Mortgage or Outstanding loans balance due: \_\_\_\_\_  
Amount of Annual Insurance Premium: \_\_\_\_\_  
Amount of most recent tax bill: \_\_\_\_\_

(48) \_\_\_\_\_ Have you sold or disposed of any other assets in the last 2 years? (ex: given money away, set up Irrevocable Trust Account, property)

If yes, type of asset: \_\_\_\_\_  
Market Value when sold or disposed: \_\_\_\_\_  
Amount sold or disposed for: \_\_\_\_\_  
Date of Transaction: \_\_\_\_\_

(49) \_\_\_\_\_ Do you have any other assets not listed above (excluding personal property)?

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

**PART IV - EMPLOYMENT HISTORY - To be completed by applicant**

(50) Head's Current Employer: \_\_\_\_\_

Date Hired: \_\_\_\_\_ Date Terminated: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Salary: \$ \_\_\_\_\_ Circle One: Annually Weekly Bi-weekly Monthly

Employer Address: \_\_\_\_\_  
Address City State Zip Phone

(51) Head's Previous Employer: \_\_\_\_\_

Date Hired: \_\_\_\_\_ Date Terminated: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Salary: \$ \_\_\_\_\_ Circle One: Annually Weekly Bi-weekly Monthly

Employer Address: \_\_\_\_\_  
Address City State Zip Phone

(52) Spouse Current Employer: \_\_\_\_\_

Date Hired: \_\_\_\_\_ Date Terminated: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Salary: \$ \_\_\_\_\_ Circle One: Annually Weekly Bi-weekly Monthly

Employer Address: \_\_\_\_\_  
Address City State Zip Phone

(53) Other Applicant's Current Employer: \_\_\_\_\_

Date Hired: \_\_\_\_\_ Date Terminated: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Salary: \$ \_\_\_\_\_ Circle One: Annually Weekly Bi-weekly Monthly

Employer Address: \_\_\_\_\_  
Address City State Zip Phone

**PART V - CREDIT REFERENCES - To be completed by applicant**

	<u>Name</u>	<u>Address / Phone</u>	<u>Monthly Payment</u>
(54)	_____	_____	\$ _____
(55)	_____	_____	\$ _____
(56)	_____	_____	\$ _____

**PART VI – RENTAL HISTORY - To be completed by applicant**

(57) Residence History: Current & Previous Landlords:  
(Past 2 years residence including any owned by applicants.)

Current Address	Rent/Month	Utilities/Month	Reason for Leaving
_____	_____	_____	_____
Landlord Name	Landlord Address	Landlord Phone	
_____	_____	_____	
When did you move in: _____		When did you move out: _____	

Previous Address	Rent/Month	Utilities/Month	Reason for Leaving
_____	_____	_____	_____
Landlord Name	Landlord Address	Landlord Phone	
_____	_____	_____	
When did you move in: _____		When did you move out: _____	

Previous Address	Rent/Month	Utilities/Month	Reason for Leaving
_____	_____	_____	_____
Landlord Name	Landlord Address	Landlord Phone	
_____	_____	_____	
When did you move in: _____		When did you move out: _____	

**PART VII - OTHER - To be completed by applicant**

(58) Do you have full custody of your child (ren)? Explain the custody arrangements: \_\_\_\_\_  
\_\_\_\_\_

(59) Would you or any members of your household benefit from a handicapped-accessible unit? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, explain: \_\_\_\_\_

(60) Have you ever been evicted? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, explain: \_\_\_\_\_

(61) Have you ever filed for bankruptcy? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, explain: \_\_\_\_\_

(62) Have you ever been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, explain: \_\_\_\_\_

**PART VII - OTHER (CONTINUE) - To be completed by applicant**

(63) Will your household be receiving Section 8 rental assistance at the time of move-in? Yes \_\_\_\_\_ No \_\_\_\_\_

(64) Will your household be eligible or are you applying to receive Section 8 rental assistance in the next 12 months?

Yes \_\_\_\_\_ No \_\_\_\_\_ Explain: \_\_\_\_\_

(65) Have you ever received rental assistance? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain: \_\_\_\_\_

a. Has your rental assistance ever been terminated for fraud, non-payment of rent or failure to recertify?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain: \_\_\_\_\_

(66) Will this be your only place of residence? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, explain: \_\_\_\_\_

(67) What is the condition of your current housing?

Standard \_\_\_\_\_ Unsafe or Unhealthy \_\_\_\_\_ Living with Parents \_\_\_\_\_

No Indoor Plumbing / Kitchen \_\_\_\_\_ Currently without Housing \_\_\_\_\_

**PART VIII - RESIDENT'S STATEMENT - To be completed by applicant**

(68) Do you have a legal right to be in the United States: (check one that applies)

\_\_\_\_\_ Yes, because I am a United States Citizen

\_\_\_\_\_ Yes, because I have valid documentation from the Bureau of Citizenship and Immigration Services (formerly  
The Immigration and Naturalization Service)

\_\_\_\_\_ No

If you answered "Yes" because you are a non-U.S. citizen with valid documentation, you must provide documentation and complete paperwork required by the Department of Housing and Urban Development, so we can verify that you are a NonCitizen with eligible immigration status.

**PART IX – SPECIAL NEEDS - To be completed by applicant**

(69) Does anyone your household have special needs? (Y/N) \_\_\_\_\_

(70) Special living accommodations required? (Y/N) \_\_\_\_\_

If yes please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PART X – IN CASE OF EMERGENCY, NOTIFY: - To be completed by applicant**

Name / Relationship	Address	Phone

**PART XI - RESIDENT’S STATEMENT - To be completed by applicant**

I/we understand that the above information is being collected to determine my/our eligibility for residency. I/we authorize the owner/manager to verify all information provided on this Application/Certification and my/our signature is our consent to obtain such verification. I/we certify that I/we have revealed all assets currently held or previously disposed of and that I/we have no other assets than those listed on this form (other than personal property). I/we further certify that the statements made in this Application/Certification are true and complete to the best of my/our knowledge and belief and are aware that false statements are punishable under Federal law.

**SIGNATURE OF ALL PARTIES TO THIS APPLICATION, 18 YEARS OR OLDER:**

\_\_\_\_\_  
Applicant Signature (Head) Date

\_\_\_\_\_  
Applicant Signature (Co-Head) Date

\_\_\_\_\_  
Other Applicant Signature Date

\_\_\_\_\_  
Other Applicant Signature Date

**To be completed by Owner / Property Manager:**

**OWNER’S STATEMENT:** Based on the representations herein and upon the proof and documentation obtained, the household named in Section 1 of this Application/Certification is eligible under the provisions of Section 42 of the Internal Revenue Code, as amended, to live in a unit in the development. Based on the representations herein and upon the proofs and documentation obtained, the household constitutes a low-income resident who’s anticipated annual income for the next twelve months does not exceed:

For Initial Application: \$\_\_\_\_\_ (Income Limit for Household Size)

Signature of Owner’s or Developer’s  
Authorized Representative: \_\_\_\_\_ Date \_\_\_\_\_

**VOLUNTARY INFORMATION**

This information is being requested in accordance with federal regulations. This information is for reporting purposes only. The information will not be used in evaluation of your application or to discriminate against you in any way. **You are not required to furnish this information, but are encouraged to do so.**

I choose not to complete this questionnaire.

Name <u>ALL</u> People to Occupy Unit LAST NAME                      FIRST	Relationship	Racial –please see below *1	Ethnicity- Please see below *2	Disabled – please see below *3
1.	HEAD			
2.				
3.				
4.				
5.				
6.				
7.				
8.				

**Racial\*1**

- 1 – White
- 2 – Black/African American
- 3 – American Indian/Alaska Native
- 4 – Asian
- 5 – Native Hawaiian/Other Pacific Islander

**Ethnicity\*2**

- 1 – Hispanic or Latino
- 2 – Not Hispanic or Latino

**Disabled\*3**

- Yes
- No

**Military Service**

- Pre-Vietnam Era
- Vietnam Veteran
- Post-Vietnam Era
- Disabled Veteran

**How did you hear about this housing opportunity?**

- Newspaper
- Company Employee
- Professional Publication
- Job Fair
- Placement Office
- Web Site
- Other \_\_\_\_\_

**THANK YOU FOR TAKING THE TIME TO FILL OUT THIS QUESTIONNAIRE!**