

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.)

Name <u>ALL</u> People to Occupy Unit LAST NAME FIRST MI	DOB	Age	Sex	Relationship	Social Security #	Student? "Yes" or "No"	If "Yes" PT or FT
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? 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 any of the students a single parent with minor child(ren) and neither the student, nor any of the minor child(ren) in the household are claimed as a dependent of a third party? 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).
- (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: _____

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

(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 (27), 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.

(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	\$ _____
(12) Supplemental Security Income (SSI)	\$ _____
(13) Public Assistance - ADC, TANF, and/or Aid to Families w/Dependent Children (AFDC)	\$ _____
(14) Veterans Administration Benefits	\$ _____
(15) Pensions and/or Annuities	\$ _____
(16) Unemployment Compensation	\$ _____
(17) Disability, Death Benefits and/or Life Insurance Dividends	\$ _____
(18) Workers' Compensation	\$ _____
(19) Severance Pay	\$ _____
(20) Net Income from a Business (Self Employment, including rental property, land contracts or other forms of real estate)	\$ _____
(21) Income from Assets	\$ _____
(22) Regular Contributions and/or Gifts from Person not residing at unit	\$ _____
(23) Lottery Winnings or Inheritances (paid as an annuity)	\$ _____
(24) All regular pay paid to members of the Armed Forces (Military Pay)	\$ _____
(25) Education Grants, Scholarships or Other Student Benefits (including other sources i.e. parents)	\$ _____
(26) Long Term Medical Care Insurance Payments in excess of \$180.00 per day	\$ _____
(27) Other Income _____	\$ _____
TOTAL	\$ _____
(28) Total Gross Annual Income from Previous Year	\$ _____

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

(43) _____ Have you sold or disposed of any property in the last 2 years?

If yes, type of property: _____

Market Value when sold or disposed: _____

Amount sold or disposed for: _____

Date of Transaction: _____

(44) _____ Received any Lump Sum Receipts? (Include inheritances, capital gains, lottery winnings, insurance settlements and other claims)? When _____ Cash Value \$ _____

Where are Funds Held? _____

(45) _____ Have you disposed of any other assets in the last 2 years (Example: given money away to relatives, set up Irrevocable Trust Accounts)?

If yes, describe the asset: _____

Date of Disposition: _____

Amount disposed: _____

(46) _____ 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

(47) Head's Current Employer: _____

How Long? _____ Supervisor: _____

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

Employer Address: _____

Address City State Zip Phone

(48) Head's Previous Employer: _____

How Long? _____ Supervisor: _____

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

Employer Address: _____

Address City State Zip Phone

(49) Spouse Current Employer: _____

How Long? _____ Supervisor: _____

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

Employer Address: _____

Address City State Zip Phone

(50) Other Applicant's Current Employer: _____

How Long? _____ 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>
(51)	_____	\$ _____
(52)	_____	\$ _____
(53)	_____	\$ _____

PART VI – RENTAL HISTORY - To be completed by applicant

(54) **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
_____	_____		_____
Previous Address	Rent/Month	Utilities/Month	Reason for Leaving
_____	_____	_____	_____
Landlord Name	Landlord Address		Landlord Phone
_____	_____		_____
Previous Address	Rent/Month	Utilities/Month	Reason for Leaving
_____	_____	_____	_____
Landlord Name	Landlord Address		Landlord Phone
_____	_____		_____

PART VII - OTHER - To be completed by applicant

- (55) Do you have full custody of your child (ren)? Explain the custody arrangements: _____
- (56) Would you or any members of your household benefit from a handicapped-accessible unit? Yes_____ No_____
- If yes, explain: _____
- (57) Have you ever been evicted? Yes_____ No_____
- If yes, explain: _____
- (58) Have you ever filed for bankruptcy? Yes_____ No_____
- If yes, explain: _____
- (59) Have you ever been convicted of a felony? Yes_____ No_____
- If yes, explain: _____

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

- (60) Will your household be receiving Section 8 rental assistance at the time of move-in? Yes_____ No_____
- (61) Will you household be eligible or are you applying to receive Section 8 rental assistance in the next 12 months?
Yes _____ No _____
Explain: _____
- (62) 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: _____
- (63) Will this be your only place of residence? Yes _____ No _____
If no, explain: _____
- (64) 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

- (65) 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

- (66) Does anyone your household have special needs? (Y/N)_____
- (67) 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 _____

STUDENT AFFIDAVIT

This Affidavit is to be signed by individuals 18 years of age and over.

1. Check as applicable:

- I am now a part time student and do not intend on becoming a full time student in the next 12 months (*please furnish copy of most recent class schedule*).
- I am now a full time student and expect to be for the next ____ months. (*go to question 2*).
- I anticipate becoming in the next 12 months a:
 - part time student (*submit class schedule to Management as soon as possible*).
 - full time student and expect to be (a full time student) for ____ months (*go to question 2*).
- I am not a full time or part time student and do not anticipate becoming a student within the next 12 months.

2. To be completed by full time students or anticipated full time students only. Check all that apply:

- I am married and have filed a joint income tax return (*please furnish copy of most recent tax return*).
- I currently receive financial assistance under Title IV of the Social Security Act (Aid to Families with Dependent Children - AFDC).
- I currently participate in the Workforce Investment Act or other similar federal, state or local program (name of program _____).
- I am a single parent and neither my child(ren) nor I are dependents of another individual (cannot be claimed on another individual's income tax return).
- None of the above.

I certify that the statements made in this Student Affidavit are true and complete and I am aware that false statements are punishable under Federal law. I also understand that I am to immediately report any changes in my student status to the Management. I understand that my student status may affect my qualifications as a qualifying tenant under Section 42 of the Internal Revenue Code.

Applicant / Resident

Date