



SUBJECT: APPLICANT FOR RESIDENCY – TAX CREDIT COMMUNITIES

COMMUNITY: _____ PROGRAM: _____

ORIGINAL DATE: _____ TIME: _____ UPDATE: _____ TIME: _____

HOW DID YOU HEAR ABOUT US? _____ APARTMENT SIZE: _____

APPLICANT NAME (FIRST, MIDDLE, LAST): _____

CURRENT ADDRESS: _____

CITY, STATE, ZIP: _____

HOME PHONE #: _____ WORK PHONE #: _____

PREVIOUS ADDRESS: _____

EMAIL ADDRESS: _____

I. HOUSEHOLD COMPOSITION AND CHARACTERISTICS

- List the Head of Household (HOH) and all other members who will be living in the apartment. Indicate the relationship of each family member to the head of household.

MEMBER'S FULL NAME (FIRST, MIDDLE, LAST)	STATUS*	RELATIONSHIP	DATE OF BIRTH	AGE	SEX	SOCIAL SECURITY #

*Single (s) Married (m) Widowed (w) Separated (sp) Divorced (d)

MEMBER'S 17 AND UNDER FULL NAME	RELATIONSHIP TO HOH	DATE OF BIRTH	AGE	SEX	SOCIAL SECURITY #	SCHOOL NAME	ABSENT PARENT'S NAME & ADDRESS

- Are you or any household member currently a student at an institution of higher education? If yes, please complete the following:

HOUSEHOLD MEMBER	NAME AND ADDRESS OF SCHOOL	FULL TIME	PART TIME

- Does anyone live with you now who is not listed above? Yes No



4. Does anyone plan to live with you in the future who is not listed above? Yes No
 If yes, explain: _____
-
5. Have you, or any member of your household ever used a different name from the above name shown? Yes No
 If yes, please list names used and dates when such names were used: _____
-
6. Will any of the above household members live anywhere except the apartment? Yes No
 Are there any other persons who will live in the apartment on less than a full-time basis? Yes No
 If either question is answered yes, please explain: _____
-
7. It MAY be a requirement of eligibility into this housing program that you, your spouse or head of household fall into one of the following categories. Please check all items which may apply:
 Age 62 and over Disabled
8. If any of the above categories were checked, is a reasonable modification required and, if so, what kind?
 Yes No
 Apartment with Accessibility Features Site Impaired Apartment Hearing Impaired Apartment
 Other: _____
9. Are you or any household member now living or have lived in a federally subsidized housing apartment? Yes No
 If yes: Name of Community: _____
 Name of Manager: _____ Phone No: _____
10. Are you a Section 8 Voucher holder? Yes No

II. INCOME AND ASSET INFORMATION

Please answer each of the following questions. For each "yes", provide details in the tables below. Do you, or any member of your household:

- Yes No
- Work full-time, part-time or seasonally?
 - Expect to work for any period during the next year?
 - Work for someone who pays cash?
 - Expect a leave of absence from work due to layoff, medical, maternity or military leave?
 - Now receive or expect to receive unemployment benefits?
 - Now receive or expect to receive child support?
 - Entitled to child support that he/she is not now receiving?
 - Now receive or expect to receive alimony?
 - Have entitlement to receive alimony that is not currently being received?
 - Now receive or expect to receive public assistance (excluding Food Stamps)?
 - Now receive or expect to receive Social Security benefits?
 - Now receive or expect to receive income from pension or annuity?
 - Now receive or expect to receive regular contributions from organizations or from individuals not living in the apartment?
 - Receive income from assets including interest from checking or savings accounts, interest and dividends from certificates of deposit, stocks or bonds or income from rental property?
 - Own real estate?
 - Have you sold or given away real property or other assets (including cash) in the past two years?
 - Does any member of your household receive money from school-aid, scholarships or educational grants?

TOTAL HOUSEHOLD INCOME: List all monies earned or received by everyone living in your household. This includes money from wages, self-employment, child support, contributions, Social Security, disability payments (SSI), Workers Compensation, retirement benefits AFDC, Veterans benefits, rental property income, stock dividends, income from bank accounts, alimony and all other sources.

HOUSEHOLD MEMBER	EMPLOYER	TOTAL WEEKLY WAGES	AFDC MONTHLY	CHILD SUPPORT MONTHLY	SOCIAL SECURITY BENEFITS MONTHLY	UNEMPLOYMENT BENEFITS BI-WEEKLY	ALL OTHER

III. ASSETS

1. List all checking and savings accounts (including IRAs, Keogh accounts and Certificates of Deposits) of all household members.

MEMBER NO.	BANK NAME	TYPE OF ACCOUNT	ACCOUNT NO.	BALANCE

2. List the value of all stocks, bonds, trust, real estate and other assets owned by any household member:

3. List any value of any assets disposed of for less than their fair market value during the past two years:

IV. REFERENCES

Please provide the name, address and phone number of one personal reference that is not related to a household member.

Name: _____

Address: _____

Phone No.: _____

Please provide the name, address and phone number of closest relative.

Name: _____

Address: _____

Phone No.: _____

Please provide the name, address and phone number of your Primary Physician and Social Worker (if applicable).

Name: _____

Address: _____

Phone No.: _____

V. RENTAL HISTORY

Present Landlord: _____ How long have you lived here? _____

Address: _____ Current Rent: _____

City, State, Zip: _____ Reason for leaving? _____

Phone No.: _____

Fax No.: _____

Your Address: _____

Former Landlord: _____ How long have you lived here? _____

Address: _____ Current Rent: _____

City, State, Zip: _____ Reason for leaving? _____

Phone No.: _____

Fax No.: _____

Your Address: _____

Former Landlord: _____ How long have you lived here? _____
Address: _____ Current Rent: _____
City, State, Zip: _____ Reason for leaving? _____
Phone No.: _____
Fax No.: _____
Your Address: _____

Have you, or any member of your household ever been evicted or otherwise removed from rental housing? Yes No
If yes, please list names, address and dates: _____

Has any place where you, or any member of your household were living, been destroyed or damaged by fire? Yes No
If yes, please list names, addresses and dates: _____

VI. EMPLOYMENT HISTORY

Name and address of Head of Household's present Employer: Name and address of Spouse/Co-Head's present Employer:

Name: _____ Name: _____
Address: _____ Address: _____
City, State, Zip: _____ City, State, Zip: _____
Phone No.: _____ Phone No.: _____
I.D #: _____ I.D #: _____
Date of Hire: _____ Date of Hire: _____

Name and address of Head of Household's past Employer: Name and address of Spouse/Co-Head's past Employer:

Name: _____ Name: _____
Address: _____ Address: _____
City, State, Zip: _____ City, State, Zip: _____
Phone No.: _____ Phone No.: _____
I.D #: _____ I.D #: _____
Length of employment: _____ to _____ Length of Employment: _____ to _____

VII. EMERGENCY CONTACTS

Name: _____ Relationship: _____
Address: _____ Phone No. _____
City, State, Zip: _____

Name: _____ Relationship: _____
Address: _____ Phone No. _____
City, State, Zip: _____

VIII. VEHICLE REGISTRATION

Do you or any household members have a vehicle? Yes No

If yes, how many? _____

IX. OTHER

Do you or any other member of your household currently use any illegal drug or other illegal controlled substance?

Yes No If yes, which household member(s)? _____

Is the household member seeking treatment? Yes No

If yes, Name of Facility: _____ Contact: _____

Address: _____

Have you or any member of your household ever been arrested for, charged with, or convicted of a felony? Yes No

If yes, which household member(s)? _____

Where did the incident take place? _____

Explain the circumstances, outcome and present status: _____

Have you or any member of your household ever been arrested for, charged with, or convicted of any drug-related criminal activity, such as use, possession, distribution, trafficking or manufacturing of an illegal drug, or any other criminal activity that poses a threat to the health, safety and welfare of others? Yes No

If yes, which household member(s)? _____

Where did the incident take place? _____

Explain the circumstances, outcome and present status: _____

Upon acceptance of your application, we will make a preliminary determination of eligibility. If your household appears to be eligible for housing, your application will be placed on the Waiting List, however, this does not guarantee that your household will be offered an apartment. If later processing establishes that your household is not eligible or not qualified for housing, your application will be rejected. We will process your application according to standard procedures which are summarized in the Resident Selection Criteria posted in the Management Office. It is your responsibility to contact us whenever your address, telephone number, income situation, family composition or federal preference changes.

APPLICATION CERTIFICATION

I/We certify that if selected to receive assistance, the unit I/we occupy will be my/our only residence. I/We understand that the above information is being collected to determine my/our eligibility. I/We authorize the owner/manager to verify all information provided on this application which may be required to complete the application. I/We certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal Law. Provision of false information on this housing application or any other forms completed or refusal to provide management with complete and accurate information will result in automatic rejection of the application for housing.

I/We understand that prior to acceptance, a credit report, current and previous landlord verification, a home visit and background check will be completed. I/We understand that I/we will be removed from the waiting list if I/we fail to notify the Management Office if my/our address, telephone number, income situation, family composition or federal preference changes.

VOLUNTARY INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following information is requested to monitor this marketing agent's compliance with Equal Credit Opportunity and Fair Housing Laws. The law provides that a leasing agent may neither discriminate on the basis of this information nor on whether or not it is furnished. Furnishing this information is optional. If you do not wish to furnish the following information please initial below.

APPLICANT: I do not wish to furnish this information (initials) _____

RACE/NATIONAL ORIGIN:

- American Indian Alaskan Native Asian Black or African American
 Hispanic or Latino White Native Hawaiian or Other Pacific Islander
 Other
SEX: Female Male

CO-APPLICANT: I do not wish to furnish this information (initials) _____

RACE/NATIONAL ORIGIN:

- American Indian Alaskan Native Asian Black or African American
 Hispanic or Latino White Native Hawaiian or Other Pacific Islander.
 Other
SEX: Female Male

Signature of Head of Household

Date

Signature of Spouse/Co-Head of Household

Date

Family Member 18 years or older

Date

Signature of Management

Date



SUBJECT: APPLICANT/RESIDENT AUTHORIZATION FOR THE RELEASE OF INFORMATION

COMMUNITY NAME: _____
ADDRESS: _____
CITY/STATE/ZIP: PHONE _____
NUMBER: _____

APPLICANT/RESIDENT:
ADDRESS:

I authorize the release of any information (including documentation and other material(s) pertinent to eligibility for residency.

Information inquiries about:

- | | |
|-------------------------------|---------------------------------|
| Credit History | Criminal Activity |
| Household Composition | All Household Income and Assets |
| Identity and Marital Status | Social Security Numbers |
| Residences and Rental History | |

Individuals or Organizations That May Release Information:

- | | |
|---|--------------------------------|
| Banks and Other Financial Institutions | Courts |
| Law Enforcement Agencies | Credit Bureaus |
| Employers, Past and Present | Landlords |
| Schools and Colleges | Social Security Administration |
| U.S. Department of Veterans Affairs | Utility Companies |
| Welfare Agencies | |
| Providers of: | |
| Alimony, Child Support, Credit, Handicapped Assistance, Pensions, Annuities, any Household Income | |

I agree that the photocopies of this authorization may be used for the purpose stated above. If I do not sign this authorization, I also understand that my application for residency may be denied or terminated.

Applicant/Resident Signature Date Applicant/Resident Signature Date

I certify that the above-named individual has read this document fully, or that I have read it to him/her. I have explained the contents and answered any questions to the best of my ability, and he/she understood the significance of this document at the time of the signing.

Management Signature Date