



APPLICATION FOR ADMISSION

LOW INCOME HOUSING TAX CREDIT PROGRAM



Property Name: _____

FOR OFFICE USE ONLY

Date of Application	Time of Application	Income Level				Need for Accessible Unit Y/N	Bedroom Size	Comment/Contact
		60%	50%	ACC	Other			

Applicant Name: _____

Current Address: _____ Apt. #: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Work Phone #: _____

Spouse/Co-Head Work Phone #: _____

Email Address: _____

Name and address of two (2) relatives or friends to contact in case of emergency:

Name: _____

Name: _____

Address: _____

Address: _____

Phone #: _____

Phone #: _____

Requested Bedroom Size

HOUSEHOLD COMPOSITION AND CHARACTERISTICS:

List the Head of Household and all other members who will be living in the unit. Give the relationship of each household member to the Head.

H/H #	Name	Relation To Head of Household	Sex M/F	Birth Date	Age	Social Security #	Student Status (FT, PT or NONE)
1		Head of Household					
2							
3							
4							
5							
6							
7							
8							

1. Race of Head of Household (check one): *(for statistical purposes only)*
 White Black American Indian/Alaskan Native Asian
 Other Do not wish to answer
2. Ethnicity of Head of Household (check one): *(for statistical purposes only)*
 Hispanic Non-Hispanic Do not wish to answer
3. Y N Are any household members married, but separated, and not yet divorced from their spouse?
4. Y N Do you expect any changes in household composition in the next 12 months?
If yes, when do you expect this change? _____
5. Y N Does the Head of Household have at least 50% custody of all minor children in the household?
6. Y N Will all minor children be physically living in the household for 50% or more of the time?
7. Y N Does your household require an Accessible Unit? If yes, please identify the special features needed: _____

8. Y N Will **every** household member be a full-time student in the next 12 months, or will every household member be a full-time student for 5 months out of the current calendar year?

Only if 'YES', answer the following questions:

- Y N Does the household receive assistance under Title IV of the Social Security Act? (AFDC/TANF)
- Y N Are any full-time students enrolled in a job training program receiving assistance under the Workforce Investment Act or similar federal, state, or local laws?
- Y N Any full-time students married and have filed, or entitled to file, a joint tax return?
- Y N Is at least one student a single parent with child(ren), *and* this parent is not a dependent of someone else, *and* the child(ren) is/are not dependent(s) of someone other than their other parent?
- Y N Were any adult family members previously in the Foster Care Program?

HOUSEHOLD INCOME: Include all income **anticipated** for the next 12 months

1. Y N Are any household members currently employed full-time or part-time?
(Include overtime, tips, bonuses, commissions, raises, and payments received in cash)

Name	Employer	Monthly Income	How long employed there?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. Y N Do you or any other household member anticipate a change in income in the next 12 months?

- If "No", check here and continue to Question 3.
- If "Yes", check here and answer each of the following questions:

A. Have you secured employment that will begin in the next 30 days?
 No
 Yes - Anticipated Annual Salary \$ _____

B. Are you seeking employment in your previous field of work?
 No
 Yes
 If "Yes", what annual salary do you expect based on your experience?
 \$ _____

C. If you anticipate securing gainful employment, what minimum annual salary will you accept?
 \$ _____

D. Do you anticipate a change in annual income based on factors other than gainful employment?
 No
 Yes
 If "Yes", please describe: _____

3. Y N Are any household members seasonal workers, that are not employed now, but will be during the next 12 months?

Name	Employer	Monthly Income
_____	_____	_____
_____	_____	_____

4. Y N Are any household members on a leave of absence due to lay-off, medical, maternity or military leave?

Name	Employer	Monthly Income
_____	_____	_____
_____	_____	_____

5. Y N Are any household members self-employed? (Attach Federal Tax Return or Profit and Loss Statements)

Name	Occupation	Monthly Income
_____	_____	_____
_____	_____	_____

6. Y N Are any household members receiving Unemployment Compensation?

Name	Monthly Income
_____	_____
_____	_____

7. Y N Are any household members receiving Social Security or Supplemental Security Income (SSI)?

Name	Source	Monthly Income
_____	_____	_____
_____	_____	_____
_____	_____	_____

8. Y N Are any household members receiving Disability, Worker's Compensation, or Severance Pay?

Name	Source	Monthly Income
_____	_____	_____
_____	_____	_____

9. Y N Are any household members receiving any kind of monthly retirement benefits: Pensions, Annuities, 401K, or IRAs?

Name	Source	Monthly Income
_____	_____	_____
_____	_____	_____
_____	_____	_____

10. Y N Are any household members receiving Public Assistance, TANF, AFDC or Adoption Assistance? (Does not include Food Stamps)

Name	Source	Monthly Income
_____	_____	_____
_____	_____	_____

11. Y N Are any household members receiving Child Support payments, or have been awarded Child Support through a court order? (We must count court ordered support, whether or not it is being received, unless legal action has been taken to remedy. We must also count support that is not court ordered but received directly from the payor.)

Name	Source	Monthly Income
_____	_____	_____
_____	_____	_____
_____	_____	_____

12. Y N Are any household members receiving Alimony payments?

Name	Monthly Income
_____	_____
_____	_____

13. Y N Are any household members receiving a recurring monetary gift or contribution from individuals or organizations that will not be living with them? This includes bills paid on a recurring basis.

Name	Contributor	Monthly Income
_____	_____	_____
_____	_____	_____

14. Y N Are any household members receiving any Military Pay or VA benefits?

Name	Source	Monthly Income
_____	_____	_____
_____	_____	_____

15. Y N Are any household members receiving income from a Trust, an inheritance, or an insurance policy, periodically?

Name	Source	Monthly Income
_____	_____	_____
_____	_____	_____

16. Y N Are any household members receiving income from Rental Property?

Name	Source	Monthly Income
_____	_____	_____
_____	_____	_____

17. Y N Are any household members receiving Educational Financial Assistance? (ie. Grants, Scholarships, etc.)

Name	Source	Monthly Income
_____	_____	_____
_____	_____	_____

18. Y N Are any household members receiving Lottery winnings that are paid periodically?

Name	Source	Monthly Income
_____	_____	_____
_____	_____	_____

HOUSEHOLD ASSETS: Do any household members have any of the following? (including minor children):

1. Y N Checking Account

Name	Financial Institution	Estimated Balance
_____	_____	_____
_____	_____	_____

2. Y N Savings or Direct Express Debit Account

Name	Financial Institution	Estimated Balance
_____	_____	_____
_____	_____	_____

3. Y N Cash on Hand

Name	Estimated Balance
_____	_____
_____	_____

4. Y N CD/Money Markets/Treasury Bills

Name	Financial Institution	Estimated Cash Value
_____	_____	_____
_____	_____	_____

5. Y N Stocks/Bonds/Mutual Funds

Name	Financial Institution	Estimated Cash Value
_____	_____	_____
_____	_____	_____

6. Y N Life Insurance Policies (Does not include **Term** Policies)

Name	Financial Institution	Estimated Cash Value
_____	_____	_____
_____	_____	_____

7. Y N Pension/401K/IRA/KEOGH

Name	Financial Institution	Estimated Cash Value
_____	_____	_____
_____	_____	_____

8. Y N Trust Funds (amount household has access to)

Name	Financial Institution	Estimated Balance
_____	_____	_____
_____	_____	_____

9. Y N Real Estate/Rental Property/Land Contract/Deed of Trust
(Includes your personal residence, mobile homes, vacant land, farms, vacation homes, etc.)

Name	Type	Est. Fair Market Value
_____	_____	_____
_____	_____	_____

10. Y N Safe Deposit Box

Name	Financial Institution	Est. Value of Contents
_____	_____	_____
_____	_____	_____

11. Y N Personal Property held as an investment *(Attach appraisal)*
(Includes paintings, stamp and coin collections, collector or show cars, and antiques)

Name	Type	Estimated Value
_____	_____	_____
_____	_____	_____

12. Y N Lump Sum Receipts (ie. Lottery Winnings)

Name	Type	Estimated Value
_____	_____	_____
_____	_____	_____

13. Y N Has any household member sold or given away any real estate or other assets (including cash) for more than a \$1000 less than the fair market value of the asset in the past two (2) years?

Asset Disposed	Date Disposed	Amt. Received	Est. Fair Market Value
_____	_____	_____	_____
_____	_____	_____	_____

RESIDENTIAL HISTORY:

Name and address of CURRENT residence: _____ Owned _____ Rented _____
 _____ Monthly Rent/Mortgage amount: _____
 _____ Dates lived there: From _____ to _____
 _____ Reason for leaving: _____
 Name of Landlord or Mortgage Company: _____
 Landlord or Mortgage Company Phone #: _____

Name and address of PREVIOUS residence: _____ Owned _____ Rented _____
 _____ Monthly Rent/Mortgage amount: _____
 _____ Dates lived there: From _____ to _____
 _____ Reason for leaving: _____
 Name of Landlord or Mortgage Company: _____
 Landlord or Mortgage Company Phone #: _____

OTHER INFORMATION:

- 1. Y N Have you ever been evicted from a residence? If yes, please explain:

- 2. Y N Have you ever declared bankruptcy? If yes, when?
- 3. Y N Has any household member ever been convicted of a felony?
Name Date of Conviction Charge

- 4. Y N Do any household members own a vehicle?
Year Make Model

- 5. Y N Do you have any pets? _____
- 6. Y N Are you, or will you be, receiving any rental assistance? If yes, explain:

- 7. Y N Will you or anyone in household require a Live-In Aide? (*Attach verification from doctor*)
Name of Live-In Aide: _____ Relationship (if any): _____

APPLICANT CERTIFICATION

I/we certify that if selected to live in this *Low-Income Housing Tax Credit* property, 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 and to contact previous or current landlords and other sources for credit and criminal background verification information which may be released to appropriate Federal, State, or local agencies. 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.

Signature of Head of Household

Date

Signature of Co-Head of Household

Date

Signature of Member 18 or older

Date

Signature of Member 18 or older

Date