

TAX CREDIT APPLICATION

Name _____

Other Names Used _____

Mailing address _____

P.O. Box City State Zip Code

Physical Address _____

Street Address

City State Zip Code

PHONE: _____ CELL PHONE: _____

Message Phone: _____

Please have all of the following includes:

_____ Copy of Enrollment Papers

_____ Custody papers for grandchildren , nieces, nephews, etc.

_____ Verification of Social Security Numbers (cards)

| | | |
|---|---|--|
| <input type="checkbox"/> Initial <input type="checkbox"/> Recertification <input type="checkbox"/> Add a Household Member | HOUSING TAX CREDIT ELIGIBILITY APPLICATION | _____ Move-in Date \$ _____ Rent Amount |
|---|---|--|

Property Name _____

Address _____ Unit # _____

HOUSEHOLD COMPOSITION

Applicants/residents, complete this application in your own handwriting. List all persons who will be living in the unit. Give the relationship of each family member to the head of household. If this eligibility application is being completed by an applicant who is applying for occupancy with an existing household, only include the information for the new applicant.
 Each household member age 18 years or older and under age 18 if head, spouse, or co-head of household must disclose income and assets and sign and date this application. All applicants/tenants must also complete an Annual Student Certification (HTC 35).

| | HOUSEHOLD MEMBER'S NAME | RELATIONSHIP | DATE OF BIRTH | HAS/WILL THIS PERSON BE A STUDENT* DURING THIS AND/OR THE UPCOMING CALENDAR YEAR? YES/NO | SOCIAL SECURITY NUMBER |
|---|-------------------------|--------------|---------------|---|------------------------|
| 1 | | HEAD | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| 8 | | | | | |

* Include public and private elementary, junior & senior high, college, university, technical, trade, and mechanical schools. Do not include on-the-job training courses.

HOUSEHOLD INCOME INFORMATION

List current and anticipated income for the twelve-month period beginning on the anticipated move-in date or effective date of recertification. Include all full time, part time or seasonal income even if completing this application in the off-season.

DO YOU RECEIVE OR EXPECT TO RECEIVE

(check either YES or NO to each item, as applicable, and include gross monthly amount):

| YES | NO | | Gross Monthly Amount |
|-----|----|--|----------------------|
| | | 1. Wages, salaries (include overtime, tips, bonuses, commissions) | \$ |
| | | 2. Does any member work for someone who pays them in cash or is self-employed. | \$ |
| | | 3. Regular pay for a member of the armed forces | \$ |
| | | 4. Public Assistance (MFIP, GA) | \$ |
| | | 5. Worker's compensation | \$ |
| | | 6. Unemployment benefits or severance pay | \$ |
| | | 7. Student financial assistance (public or private, not including student loans) | \$ |
| | | 8. Child support (check yes if you have a court order, even if you are not receiving the full amount awarded) | \$ |
| | | 9. Alimony/Spousal Maintenance | \$ |
| | | 10. Social Security income (including unearned income of minor children) | \$ |
| | | 11. Disability benefits including social security disability | \$ |
| | | 12. Regular payments from pensions (PERA, railroad, etc.) | \$ |
| | | 13. Regular payments from retirement benefits | \$ |
| | | 14. Death Benefits | \$ |
| | | 15. Regular payments from annuities or life insurance dividends | \$ |
| | | 16. Regular payments from inheritance, insurance settlement, lottery winnings, etc. | \$ |
| | | 17. Net income from rental property | \$ |
| | | 18. Regular cash and non-cash contributions, assistance with paying bills or gifts from individuals not living in the unit (not including groceries) | \$ |
| | | 19. Other (list) _____ | \$ |
| | | 20. Other (list) _____ | \$ |

HOUSEHOLD ASSET INFORMATION

| Yes | No | DOES ANY HOUSEHOLD MEMBER (INCLUDING CHILDREN) HAVE MONEY HELD IN: | CURRENT BALANCE |
|-----|----|---|-----------------|
| | | 21. Checking Accounts (6 month average balance) | \$ |
| | | 22. Savings Accounts | \$ |
| | | 23. Stocks | \$ |
| | | 24. Capital Investments | \$ |
| | | 25. Bonds | \$ |
| | | 26. Trusts* | \$ |
| | | 27. Securities | \$ |
| | | 28. Whole Life Insurance Policy (do not include term life insurance) | \$ |
| | | 29. 401K* | \$ |
| | | 30. IRA/KEOGH Accounts | \$ |
| | | 31. Certificates of Deposit | \$ |
| | | 32. Pension/Retirement/Annuity accounts | \$ |
| | | 33. Money Market Funds | \$ |
| | | 34. Treasury Bills | \$ |
| | | 35. Safety Deposit Box | \$ |
| | | 36. Lump Sum Payment (i.e., inheritance, insurance settlement, lottery winnings, capital gains) | \$ |
| | | 37. Are any accounts held jointly with someone not in the unit? Which account and with whom? _____ | |
| | | 38. Other _____ | |

*Include Trusts, 401K, etc., only if the accounts are accessible to the household prior to termination of employment, retirement, or death. If you are unsure, list the account and it will be verified.

| Yes | No | | Value |
|-----|----|---|-------|
| | | 39. Do you now own Real Estate? If yes, list address(es): _____ | \$ |
| | | 40. Do you hold a contract for deed? | \$ |
| | | 41. Do you have any coin collections, antique cars, gems/jewelry, stamps or any other items held as an investment (wedding rings and personal jewelry do not count)? | \$ |
| | | 42. Are any assets held jointly with another person? List person and asset(s). _____ | |
| | | Is combined cash value of all household assets under \$5,000? | |

DO NOT LEAVE THIS SECTION BLANK.

From 1-42 above, provide contact information for all "YES" checked items. All information must be verified.
(If a household member has more than one source of income and/or asset, use a separate line for each source. Use additional sheets, if necessary.)

| Item Number | HH Member | Name and mailing address of income or asset source | Contact Name & phone/fax number |
|-------------|-----------|--|---------------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Please attach documentation available to verify income (i.e., divorce/settlement papers, tax returns, social security benefit award letter, etc.).

I/We hereby certify that I/we

Have Have not

sold or given away any assets for less than Fair Market Value during the two year (24 month) period preceding the date of this application. Any assets sold or disposed of for less than Fair Market Value must be identified below.

| Household Member | Asset & Estimated Market Value | Date sold/disposed | Amount Received |
|------------------|--------------------------------|--------------------|-----------------|
| _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | \$ _____ |

MISCELLANEOUS

The following questions pertain to yourself and every member of your household who will occupy the unit. Check either **YES** or **NO** in response to each question. Add an explanation below for all items checked **YES**.

| Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Will any household member, including children, live in the unit on a less than full time basis? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you anticipate any change in your household (someone moving in or out) during the next 12 months? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does any adult member of the household have zero income? If yes, name(s): _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Does/will the household receive rent assistance? If so, indicate from what source (Section 8, Rural Development RA, etc.). |
| <input type="checkbox"/> | <input type="checkbox"/> | Does your household have any needs that might be better served by a unit which is accessible to persons with mobility, hearing or visual impairments? |

Explanation:

SIGNATURES

I/we hereby affirm that the foregoing information is true and complete to the best of my/our knowledge, and authorize the Landlord to make inquiries to verify the statements herein. I/we further understand that any intentional misrepresentation in this application might result in a default in the rental agreement and/or eviction of this household. If any of the aforementioned information changes, I/we agree to notify Landlord immediately.

Applicant/Resident Signature _____

Date _____

Applicant/Resident Signature _____

Date _____

Applicant/Resident Signature _____

Date _____

Applicant/Resident Signature _____

Date _____

This applicant/resident required assistance in completing the eligibility application due to: _____

Assistance in completing this application was provided by: _____ Date: _____