

APPLICATION FOR OCCUPANCY (LIHTC)

Building Name: _____
 Address: _____
 Phone: _____

For Office Use Only

Date and Time: _____ UPDATE

Serial No: _____ Unit Size(s) Requested: 0 1 2 3 4

APPROVED Yes

DECLINED By: _____ Pets Allowed: No

Deposit: \$ _____ Date Applicant Notified: _____

INSTRUCTIONS TO APPLICANT

- Each Adult household member must fill out a separate application.
- ALL lines must be filled in. You may write "NONE", "NO" or "N/A". If you need to make a correction, put one line through the incorrect information, write the correct information above, and initial the change. **INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.**
- All information should be complete and correct. False, incomplete or misleading information will cause your application to be denied.
- THE PROPERTY SHALL BE OCCUPIED ONLY BY THE PERSON(S) NAMED ON THIS APPLICATION UNLESS PRIOR WRITTEN PERMISSION IS OBTAINED FROM MANAGEMENT.**
- You must be at least 18-years of age or emancipated to make application.**
- Attention Households: Under the category "sex" below, select D if you wish to decline to respond.**

HOUSEHOLD INFORMATION

Full Name of Household Members as they appear on Social Security Card	Drivers License No.	Relationship	Sex	Age	Full/Part Time Student	Date of Birth	Social Security Number
					Y/N		
1.		HEAD	M <input type="checkbox"/> F <input type="checkbox"/> D <input type="checkbox"/>		PT <input type="checkbox"/> FT <input type="checkbox"/>	/ /	
2.			M <input type="checkbox"/> F <input type="checkbox"/> D <input type="checkbox"/>		PT <input type="checkbox"/> FT <input type="checkbox"/>	/ /	
3.			M <input type="checkbox"/> F <input type="checkbox"/> D <input type="checkbox"/>		PT <input type="checkbox"/> FT <input type="checkbox"/>	/ /	
4.			M <input type="checkbox"/> F <input type="checkbox"/> D <input type="checkbox"/>		PT <input type="checkbox"/> FT <input type="checkbox"/>	/ /	
5.			M <input type="checkbox"/> F <input type="checkbox"/> D <input type="checkbox"/>		PT <input type="checkbox"/> FT <input type="checkbox"/>	/ /	
6.			M <input type="checkbox"/> F <input type="checkbox"/> D <input type="checkbox"/>		PT <input type="checkbox"/> FT <input type="checkbox"/>	/ /	
7.			M <input type="checkbox"/> F <input type="checkbox"/> D <input type="checkbox"/>		PT <input type="checkbox"/> FT <input type="checkbox"/>	/ /	
8.			M <input type="checkbox"/> F <input type="checkbox"/> D <input type="checkbox"/>		PT <input type="checkbox"/> FT <input type="checkbox"/>	/ /	
9.			M <input type="checkbox"/> F <input type="checkbox"/> D <input type="checkbox"/>		PT <input type="checkbox"/> FT <input type="checkbox"/>	/ /	
10.			M <input type="checkbox"/> F <input type="checkbox"/> D <input type="checkbox"/>		PT <input type="checkbox"/> FT <input type="checkbox"/>	/ /	



1. How did you learn about our apartments? Brochure/Flyer Current Resident Drive by Newspaper
 Online Other _____
2. Does any member of your household have a pet? YES NO
 If YES, describe: _____
3. Do you or any member of your household owe money to any Public Housing Authority, a HUD Apartment Community, or any previous Landlord? YES NO
4. Have you or any member of your household ever been evicted? YES NO
5. Has any member of your household previously resided in a federally assisted housing program such as Section 8 or a Tax Credit property? YES NO
 If YES, has any householdmember been asked to repay money for knowingly misrepresenting household income? YES NO
6. Has any member of your household ever refused to pay rent when due? YES NO
7. Has any member of your household disposed of any assets for less than the fair market value during The past two years? YES NO
 If YES, describe: _____
8. Has any member of your household ever been terminated for failure to cooperate with an income recertification process at any Section 8 or Tax Credit property? YES NO
9. Do you or anyone in your household anticipate change in household composition during the next 12 months? YES NO
 If YES, please explain: _____
10. Do you now anticipate adding any persons to your household after move in? YES NO
 If YES, who? _____ When (month/year)? _____

TWO-YEAR MINIMUM HOUSING HISTORY IS MANDATORY/PROVIDE LANDLORD OR OTHER CONTACT INFO, IF APPLICABLE

Present Address	Street Address:		City:		County:		State:		Zip:		
	From: / /		To: / /		Is this Federally Assisted Housing? YES <input type="checkbox"/> NO <input type="checkbox"/>			Amount of Rent, if applicable: \$			
	Landlord/Contact Name:			Landlord/Contact Phone:			Landlord/Contact Address:				
	Applicant's Current Phone No:				Reason for Moving:						



Previous Address	Street Address:		City:		County:		State:	Zip:
	From: / /	To: / /	Was this Federally Assisted Housing? YES <input type="checkbox"/> NO <input type="checkbox"/>			Amount of Rent, if applicable: \$		
	Landlord/Contact Name:		Landlord/Contact Phone:		Landlord/Contact Address:			

Previous Address	Street Address:		City:		County:		State:	Zip:
	From: / /	To: / /	Was this Federally Assisted Housing? YES <input type="checkbox"/> NO <input type="checkbox"/>			Amount of Rent, if applicable: \$		
	Landlord/Contact Name:		Landlord/Contact Phone:		Landlord/Contact Address:			

ALL SOURCES OF INCOME

You **must** report **ALL** Income below. Use an additional supplemental sheet if necessary.

<input type="checkbox"/> Employed <input type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed				Name of Employer:		Name of Supervisor:	
Phone Number:		Address:			Income: \$ per hr /wk /mo / yr		Hire Date:
Social Security	SSI	Pension	Child Support	Unemployment	State Disability	Welfare	Other
\$	\$	\$	\$	\$	\$	\$	\$

ALL SOURCES OF ASSET INFORMATION FOR ALL FAMILY MEMBERS

You **must** report **ALL** assets below. Use an additional supplemental sheet if necessary.

CHECKING, SAVINGS STOCKS, BONDS, CDS, MONEY MARKET, LIFE INSURANCE POLICIES, ETC.,

Name of Institution:	Current Balance: \$	Type of Asset:
1.		
2.		
3.		
4.		
5.		
6.		



EMERGENCY CONTACT

Name:		Relationship:	Phone Number:	
Address:		City:	State:	Zip:

AUTOMOBILES AND OTHER VEHICLES

List all motor vehicles, including motorcycles owned by or registered to household members. Use additional sheets if necessary.

Make & Model:		License Plate No.:	State
Color:	Year:	Name on Registration:	

APPLICANTS CERTIFICATION

Read each statement below and initial that you understand and agree:

- I certify that all information in this application is true, complete and accurate. I understand that if any of this information is false, misleading or incomplete, Management may decline my application, OR, if move-in has occurred, terminate my lease and evict me and my household.
- I authorize Management to make any and all inquiries to verify this information either directly or through information exchanged now or later with rental and credit screening services, previous and current landlords, law enforcement agencies or other sources for verification confirmation which may be released to appropriate Federal, State or local agencies.
- I understand that it is a crime to knowingly provide false information for the purpose of obtaining or maintaining occupancy and/or for the purpose of securing a lower rent at a tax credit community.
- I understand that the penalty for knowingly providing false information is up to five (5) years in prison and/or up to a \$10,000.00 fine upon conviction.

I recognize that as part of the procedure for processing this application, an investigative consumer report may be prepared whereby information is obtained through credit reporting agencies, personal interviews with landlords, neighbors, friends, and others with whom I may be acquainted. By signing this application, I authorize the landlord or his agent to conduct said investigative report and investigate information supplied by applicant(s). This inquiry includes information as to my character, reputation, and mode of living. The non-refundable investigative consumer report fee of \$ _____ must be paid before this application can be processed. In the event of application by roommates, each roommate must pay a report fee.

_____	_____	_____
APPLICANT - PRINTED NAME	APPLICANT SIGNATURE	DATE

_____	_____	_____
MANAGER - PRINTED NAME	MANAGER SIGNATURE	DATE

