

Date received	
Time received	
Manager initials	

Low Income Housing Tax Credit Application

Property Name: _____ **Anticipated Move-in date:** _____ **Effective date:** _____ **Unit Size** _____

You are applying for residency at a community governed by Section 42 of the Internal Revenue code, which is Low Income Housing Tax Credit. The information you provide will assist us in determining your eligibility. Failure to provide the required information will prevent us from considering your application. Misrepresentation of information is punishable by law.

Instructions: Unmarried Co-applicants must complete a separate application form. All questions must be answered. Any question that does not apply, mark "none" or "0." Use **BLUE** ink only Applications filled out in pencil will not be accepted. White out is strictly prohibited. Also, applications with a large number of errors or sections scribbled out will result in the requirement of a new application to be completed. If you make a n error, draw a single line through the error, correct the error, and initial and date the correction.

A. HOUSEHOLD COMPOSITION AND STATUS

List the Head of Household (applicant) and **all** other persons who will be living in your unit. State the relationship of each family/household member to the head. Choose only one member to be Head of Household. List all members you anticipate living with you at least 50% of the time in the next 12 months. Include any temporarily absent family members.

Household Members Full Name (First and Last)	Relationship to Head S= Spouse O=Other Adult C=Minor Child F=Foster Adult or Child U=Unborn Child L=Live-in Attendant	Marital Status M=Married D=Divorced SP=Separated N=Never Married W=Widowed	Date of Birth	Social Security Number	Full-time STUDENT? (Include k-12) <input type="checkbox"/> No <input type="checkbox"/> Yes
					<input type="checkbox"/> No <input type="checkbox"/> Yes
					<input type="checkbox"/> No <input type="checkbox"/> Yes
					<input type="checkbox"/> No <input type="checkbox"/> Yes
					<input type="checkbox"/> No <input type="checkbox"/> Yes
					<input type="checkbox"/> No <input type="checkbox"/> Yes
					<input type="checkbox"/> No <input type="checkbox"/> Yes

1. IS ANY HOUSEHOLD MEMBER DISABLED? No Yes
 If so, list household member(s): _____

Phone# _____ **Email address:** _____

B. STUDENT STATUS

A Full-time student is defined as a person who is a full-time student for any portion of 5 months out of the current calendar year. They are defined as such for the entire calendar year. The months do not need to be consecutive. Grades K-12 are automatically classified as full-time students. A household member who plans to attend school full-time in the next 12 months will automatically be counted as a current full-time student.

1. COMPLETE THE FOLLOWING SECTION ONLY IF ALL HOUSEHOLD MEMBERS ARE FULL TIME STUDENTS:

- a. Is the household comprised of a single parent and child(ren), and neither of whom can be claimed as a dependent on another person's tax return? No Yes
- b. Are the Applicant and Co-Applicant married and able to file a joint tax return? No Yes
- c. Does the household receive AFDC or TANF? (This does NOT include Food Stamps) No Yes
- d. Is any member of the household in a federal or state job training program? No Yes
- e. Is anyone in the household in the foster care program, or have formerly been in foster care? No Yes

2. IS ANY HOUSEHOLD MEMBER A PART-TIME STUDENT? No Yes
 If so, list household member(s): _____



C. ANNUAL INCOME – List ALL **annual** income of adults and children in your household, except for the earned income from employment by persons under the age of 18.

Identify income from any of the following sources, including periodic payments	Check Yes or No	Head of Household	Co-Head/Spouse	Other Adult Member(s)	Child or Dependent or Other Ault Member	TOTAL
Salary or Wages (incl. tips, bonuses, etc)	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$	\$	\$	\$
Income from Military	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$	\$	\$	\$
Interest/Dividends	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$	\$	\$	\$
Business Net Income	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$	\$	\$	\$
Net Rental Income	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$	\$	\$	\$
Social Security	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$	\$	\$	\$
Supplemental Security Income	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$	\$	\$	\$
Pension	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$	\$	\$	\$
Retirement Funds	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$	\$	\$	\$
Gig income/Uber, Lyft, Doordash, etc.	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$	\$	\$	\$
Familial Support (Recurring Gifts)	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$	\$	\$	\$
Unemployment Benefits	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$	\$	\$	\$
Alimony	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$	\$	\$	\$
Child Support (regardless of if paid)	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$	\$	\$	\$
AFDC/TANF	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$	\$	\$	\$
Educational Scholarship/Grant	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$	\$	\$	\$
Other, explain:	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$	\$	\$	\$
	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$	\$	\$	\$
	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$	\$	\$	\$
	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$	\$	\$	\$
	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$	\$	\$	\$
	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$	\$	\$	\$

D. EMPLOYMENT HISTORY

Head of Household Employment

Check here if Currently Unemployed

Current Employer: _____
 Address: _____
 City, State, Zip: _____
 Phone: _____

Title: _____
 Date of Hire: _____
 Monthly Gross Income: \$ _____
 Supervisor: _____

Previous Employer: _____
 Address: _____
 City, State, Zip: _____
 Phone: _____

Title: _____
 Last date employed: _____
 Monthly Gross Income: \$ _____
 Supervisor: _____

Co-Applicant/Spouse Employment

Check here if Currently Unemployed

Current Employer: _____
 Address: _____
 City, State, Zip: _____
 Phone: _____

Title: _____
 Date of Hire: _____
 Monthly Gross Income: \$ _____
 Supervisor: _____

Previous Employer: _____
 Address: _____
 City, State, Zip: _____
 Phone: _____

Title: _____
 Last date employed: _____
 Monthly Gross Income: \$ _____
 Supervisor: _____



E. HOUSEHOLD ASSETS - Identify if anyone has any of the following types of assets including dependents under the age of 18.				
Identify ALL Asset Sources	Check Yes or No	Cash Value	Asset Income (Interest/Dividends)	Name of Financial Institution
Checking Account(s)	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$		
Savings Account(s)	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$		
Pre-Paid Debit Cards	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$		
Cash on Hand	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$		
Stocks, Bonds, Mutual Funds, Certificates of Deposit	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$		
Cryptocurrency	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$		
Real Estate, Land, or Home	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$		
Trust Fund(s)	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$		
Whole Life Insurance Cash Value	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$		
Digital Assets: (PayPal, Cash App, Venmo, etc)	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$		
Non-Necessary Personal Property: Such as campers, motorhomes, travel trailers, all-terrain vehicles (if not for day-to-day transportation), recreational boats, expensive jewelry without religious or cultural value, collectables, equipment not generating business income and luxury items.	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$		
Other:	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$		

F. ASSET INFORMATION			
Household Member Name	Account Type	Financial Institution	Cash Value
			\$
			\$
			\$
			\$

1. Has anyone in the household given away anything of value within the last two years? *(if a home was released due to foreclosure or divorce, answer no)* No Yes If yes, who? _____

Provide explanation (including the type of asset, estimated value of asset, amount disposed for, and date of disposal):

2. Has anyone in the household owned a home in the last two years? No Yes If yes, who? _____

A. Do they currently own it? No Yes If no, when was it disposed of? _____

B. If yes, is it being rented? No Yes

C. Is it sitting vacant? No Yes

D. Is it in the process of being sold? No Yes



G. HOUSING HISTORY

Need 2 FULL years of housing history listed. Add additional pages to this application if necessary.

Current Address (check one): Rent Own Live w/ family or friend Homeless

Street Apt# Rent \$ Move-in date

City State Zip Code County

Landlord name / Phone # / Address Reason for moving

Did you give notice to vacate? No Yes

Previous Address (check one): Rent Own Live w/ family or friend Homeless

Street Apt# Rent \$ Move-in date - Move-out date

City State Zip Code County

Landlord name / Phone # / Address Reason for moving

Did you give notice to vacate? No Yes

H. OTHER INFORMATION

1. If you are divorced or separated, please provide date effective: _____ No Yes
(If divorced, please provide a full copy of divorce decree)
2. Do you expect any changes in the household in the next 12 months? No Yes
If yes, please describe: _____
When will this occur? _____
(If adding a new member, this person should be listed as a household member on page 1 of this application.)
3. Have you or any of the household members been convicted of a felony? No Yes
4. Have you or any of the household members been evicted? No Yes
5. Have you or any of the household members filed for Bankruptcy? No Yes
6. Do you or any of the household members have a waterbed? No Yes
7. Will there be a pet(s) in the household? (This does not include service or companion animals) No Yes
Type of Pet: _____ Breed: _____ Lbs: _____ Name: _____
8. Will your household be receiving rental assistance through a Public Housing Authority Voucher Program or Section 8? PHA Name: _____ No Yes
Qualified Expenses:
A. Medical Expenses No Yes
B. Disability Expenses No Yes
C. Childcare Expenses No Yes



H. OTHER INFORMATION CONTINUED

Driver's License/Photo ID No.: _____ State Issued: _____ Exp: _____
Driver's License/Photo ID No.: _____ State Issued: _____ Exp: _____

Vehicles:

Make/Model: _____ Year: _____ License Plate No.: _____
Make/Model: _____ Year: _____ License Plate No.: _____

Emergency Contact Information

Contact Name: _____ Phone No. _____ Relationship: _____
Address: _____
Contact Name: _____ Phone No. _____ Relationship: _____
Address: _____

AUTHORIZED SIGNATURES

I hereby apply to lease the above-described premises on substantially the terms set forth herein. As an inducement to _____ Apartments, Agent for the owner of the property to accept this application, I warrant that all statements contained herein are true. I have been advised and understand that residency at this community entails certain income restrictions and that residency is subject to qualification. I hereby authorize Landlord to procure a consumer report as defined in the Fair Credit reporting Act 15 U.S.C. 1881 a (d) seeking information on the credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. I tender an application fee in the amount of \$ _____ which I acknowledge is the cost of procuring a consumer credit report, employment verification, character references and other costs of applying. This application fee is non-refundable. I agree that in addition to execution of a Lease Agreement that I will execute a tenant certification attesting to the information contained herein which certification will be made under the penalty of perjury.

A deposit of \$ _____ is made herein. If the application is approved, said deposit will be held as (partial/full) security for the performance of the covenants of the lease and as a damage deposit. The full security deposit will be \$ _____. If the applicant(s) notifies the Landlord within three (3) days after the execution of this application that applicant(s) no longer wishes to rent said apartment, Landlord agrees to return said deposit in full. Landlord reserves the right to retain the security deposit if, for any reason, prospective resident withdraws the application for tenancy, if said application is withdrawn after the time limit set out in the previous sentence.

By execution of this application, I hereby authorize _____ Apartments to make such investigations into my credit history as they may deem appropriate. I understand that such investigations typically include (but are not limited to) verification of employment, salary, rental history, consumer credit reports, and other information disclosed in the application or information obtained during the course of the approval process. By signing below, the applicant gives permission to procure a criminal background check and understands the results of such background check could affect the approval of this application.

Warning: Title 18, Section 1001 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency in the United States as to any matter within its jurisdiction.

Applicant

Date

Applicant

Date

Owner/ Agent

Date

