

APPLICATION FOR OCCUPANCY (LIHTC)

Building Name: _____

Address: _____

Phone: _____

For Office Use Only

Date and Time:	APPROVED	DECLINED	BY:
Deposit: \$	UPDATE	Pets Allowed:	
Unit Size(s) Requested:	Date Applicant Notified:		

- 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.
- This housing is offered without regard to race, color, religion, sex, gender, gender identity and expression, family status, national origin, marital status, ancestry, age, sexual orientation, disability, source of income, genetic information, arbitrary characteristics, or any other basis prohibited by law.

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
1.		HEAD	M		FT		
			F		N/A <input type="checkbox"/>		
			D		PT		
2.			M		FT		
			F		N/A <input type="checkbox"/>		
			D		PT		
3.			M		FT		
			F		N/A <input type="checkbox"/>		
			D		PT		

4.			M F D		FT N/A <input type="checkbox"/> PT		
5.			M F D		FT N/A <input type="checkbox"/> PT		
6.			M F D		FT N/A <input type="checkbox"/> PT		
7.			M F D		FT N/A <input type="checkbox"/> PT		
8.			M F D		FT N/A <input type="checkbox"/> PT		
9.			M F D		FT N/A <input type="checkbox"/> PT		

1. How did you learn about our apartments? Brochure/ Flyer Other
 Current Resident Online Newspaper Drive by

2. Does any member of your household have a pet?
 If YES, describe:

3. Do you require an accessible unit?
 If so, please select Mobility Hearing Vision Features

4. Do you or any member of your household owe money to any Public Housing Authority, a HUD Apartment Community, or any previous Landlord?

5. Have you or any member of your household ever been evicted?

6. Has any member of your household previously resided in a federally assisted housing program such as Section 8 or a Tax Credit property?

If YES, has any household member been asked to repay money for knowingly misrepresenting household income?

7. Has any member of your household ever refused to pay rent when due?

8. Has any member of your household disposed of any assets for less than the fair market value during The past two years?

If YES, describe:

Yes	No



9. 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?
10. Do you or anyone in your household anticipate change in household composition during the next 12 months? If YES, please explain:
11. Do you now anticipate adding any persons to your household after move in? If YES, who? When (month/year)?
12. Are any members of your household a victim of domestic violence, dating violence, sexual assault or stalking, that can be verified through a third-party (i.e. a police report, restraining order, other legal forms and documentation or a completed Form HUD-5382)?

Yes	No

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

Present Address	Street Address:		City:		State:	
	County:	Zip:	From:		To:	
	Is this Federally Assisted Housing?		Amount of Rent, if applicable:			
	Landlord/Contact Name:			Landlord/Contact Phone:		
	Landlord/Contact Address:					
Previous Address	Street Address:		City:		State:	
	County:	Zip:	From:		To:	
	Is this Federally Assisted Housing?		Amount of Rent, if applicable:			
	Landlord/Contact Name:			Landlord/Contact Phone:		
	Landlord/Contact Address:					
Previous Address	Street Address:		City:		State:	
	County:	Zip:	From:		To:	
	Is this Federally Assisted Housing?		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.

Employed	Student	Retired	Unemployed
Name of Employer:			Name of Supervisor:
Phone Number:		Address:	
Hire Date:	Income: \$ hr wk mo yr	Unemployment \$	State Disability \$
Pension \$	Social Security \$	Welfare \$	SSI \$
		Child Support \$	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:	Type of Asset:	Current Balance: \$
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.

APPLICANT - PRINTED NAME

APPLICANT SIGNATURE

DATE

MANAGER - PRINTED NAME

MANAGER SIGNATURE

DATE

