



Grimble Park Apartments

Alexandria, La

PROPERTY INFORMATION SHEET

Summit Apartment management is the proud management company of the New Grimble Park Apartments for seniors. Our apartments are operated under the Affordable Housing Program Section 42 of the Internal Revenue Service. The program is designed to facilitate housing needs to low to moderate income families. Applicants must meet certain income qualifying standards based on household composition established by IRS under Section 42.

Income includes monies received from all sources such as: Employment, Social Security, Child Support, Pensions, Alimony, Trust Funds, TANF, etc. all information of income must be verified before occupancy for any applicant 55 years of age and older. This qualification/certification process must be completed annually upon lease expiration.

Accepting your application does not warrant that your application will be approved. Applications will be processed within 15 working days pending all information is obtained from the applicant(s) and verified. In processing your application, approval/disapproval will be based upon the following criteria: Credit History, Student Status, Background Check, and Previous Rental History.

Please call Grimble Park with questions or concerns at 318-427-9206

- **Valid Drivers License or State ID**
- **Social Security Cards**
- **Award Letter: Social Security and/or SSI (dated within the last 6 days)**
- **\$35.00 Money Order for each adult household member**



**2105 RUE SIMONE · HAMMOND, LA 70403
985.340.5000 · 985.340.3110
MICHAEL R. PERALTA, PRESIDENT/CEO/BROKER**



Grimble Park
Property Name



Date	_____
Time	_____
Number	_____

LIHTC RENTAL APPLICATION

The information collected below will be used to determine whether you qualify as a possible tenant for this Section 42- Low Income Housing Tax Credit Program. The information will be kept confidential, except as necessary to determine eligibility and compliance with the Section 42 guidelines. Provide the information requested truthfully and completely, in order to be considered for tenancy. Making false statements under oath may subject you to disqualification and/or criminal penalties.

Applicant's Name (Head of Household)				Home Phone
Present Street Address	City	State	Zip	# of years at present address
Former Street Address	City	State	Zip	# of years at former address
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Other _____				

Co-Applicant's Name (Co- Head of Household)				Home Phone
Present Street Address	City	State	Zip	# of years at present address
Former Street Address	City	State	Zip	# of years at former address

HOUSEHOLD COMPOSITION (List all persons who will occupy the unit to avoid possible eviction proceedings)

	Full Name	Relationship	D.O.B	Social Security #	F/T = Full Time P/T = Part Time	Receiving any source of income
Head of HH					Student Status <input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Co-head 2					Student Status <input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
3					Student Status <input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
4					Student Status <input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
5					Student Status <input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
6					Student Status <input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
7					Student Status <input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
8					Student Status <input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No

GENERAL INFORMATION

1. Are any household members listed above foster children? Yes No If yes, who? _____.
2. Are any household members listed above live-in-attendants? Yes No If yes, who? _____.

3. Are any household members planning to attend school full-time? Yes No If yes, whom? _____.
4. Are any household members temporarily or permanently absent? Yes No If yes, whom? _____.
5. Do you expect a change in household composition within the next 12 months? Yes No
If yes, explain _____.
6. Have you or anyone listed on this application ever been evicted from a place of residence? Yes No
If yes, explain _____.
7. Have you or anyone listed on this application ever been convicted of a felony? Yes No
If yes, explain _____.
8. Number of bedrooms needed: _____ 9. Special needs required? _____ 10. Do you have any pets? _____.
11. Will you or your household be receiving any type of rental subsidy such as Section 8? Yes No If yes, type _____.
- *(optional)12. Are you a Veteran of the United States Armed Forces? Yes No If so, what branch? _____.

CURRENT EMPLOYMENT INFORMATION

APPLICANT

Employer Name _____ Address _____
Phone # _____ Fax # _____ Salary: _____ Frequency: _____
Date of hire: _____ Your position: _____

CO-APPLICANT

Employer Name _____ Address _____
Phone # _____ Fax # _____ Salary: _____ Frequency: _____
Date of hire: _____ Your position: _____

ADDITIONAL HOUSEHOLD MEMBER

Employer Name _____ Address _____
Phone # _____ Fax # _____ Salary: _____ Frequency: _____
Date of hire: _____ Your position: _____

ADDITIONAL HOUSEHOLD MEMBER

Employer Name _____ Address _____
Phone # _____ Fax # _____ Salary: _____ Frequency: _____
Date of hire: _____ Your position: _____

OTHER SOURCES OF INCOME

Does anyone in your household receive income from any of the following? Please mark "yes" or "no" for each source of income.

Source-Employment	Check one	Source-Benefit/Pension	Check one	Source-Other	Check one
Second job	<input type="checkbox"/> Yes <input type="checkbox"/> No	Workers Compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No	Grants	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bonuses	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unemployment	<input type="checkbox"/> Yes <input type="checkbox"/> No	Scholarships	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tips	<input type="checkbox"/> Yes <input type="checkbox"/> No	Alimony	<input type="checkbox"/> Yes <input type="checkbox"/> No	Recurring Gifts	<input type="checkbox"/> Yes <input type="checkbox"/> No
Commissions/fees	<input type="checkbox"/> Yes <input type="checkbox"/> No	Child Support	<input type="checkbox"/> Yes <input type="checkbox"/> No	AFDC/TANF	<input type="checkbox"/> Yes <input type="checkbox"/> No
Overtime Pay	<input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other	<input type="checkbox"/> Yes <input type="checkbox"/> No

For each "Yes" marked above, please complete the following:

Household Member Name	Amount Received	Source
	Salary \$ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Twice a Month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other	
	Salary \$ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Twice a Month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other	
	Salary \$ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Twice a Month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other	
	Salary \$ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Twice a Month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other	
	Salary \$ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Twice a Month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other	

HOUSEHOLD ASSETS

Does anyone in your household have any of the following types of assets? Please mark "yes" or "no" for each type of asset.

Type of Asset	Check one	Type of Asset	Check one	Type of Asset	Check one
Checking Account	<input type="checkbox"/> yes <input type="checkbox"/> no	IRA/Keogh Account	<input type="checkbox"/> yes <input type="checkbox"/> no	Revocable Trust Fund	<input type="checkbox"/> yes <input type="checkbox"/> no
Savings Account	<input type="checkbox"/> yes <input type="checkbox"/> no	Retirement/Pension Fund*	<input type="checkbox"/> yes <input type="checkbox"/> no	Mortgage/Note Held	<input type="checkbox"/> yes <input type="checkbox"/> no
Cash	<input type="checkbox"/> yes <input type="checkbox"/> no	Mutual Fund/Stock*	<input type="checkbox"/> yes <input type="checkbox"/> no	Life Insurance Policy*	<input type="checkbox"/> yes <input type="checkbox"/> no
Certificate of Deposit*	<input type="checkbox"/> yes <input type="checkbox"/> no	Real Estate/Land*	<input type="checkbox"/> yes <input type="checkbox"/> no	Personal Property Held As investment	<input type="checkbox"/> yes <input type="checkbox"/> no

For each "yes" marked above, please complete the following:

Household member Name	Type of Asset	Name and address of Bank/Institution	Cash value (see note)	Amt. Asset will earn in next 12 months

****NOTE**** When listing the cash value of any of the items that have an asterisk, remember penalties for withdrawal, or any fees deducted to convert the asset to cash. E.g., if you owned a home and sold it, how much cash would you have after you paid off the mortgage, the realtor, etc.? That is the amount to be listed in the "cash value" column.

Have you sold any property for less than its worth within the past two years?(if sale is due to bankruptcy, foreclosure, divorce, answer no)
 Yes No If yes, explain _____.

Have you disposed of any assets for less than fair market value within the past 2 years? Yes No. If yes, explain _____.

EMERGENCY CONTACT INFORMATION (Other than person(s) listed on application)

Name: _____
 Address: _____
 City: _____ State: _____
 Zip: _____
 Home Phone: _____ Work Phone: _____ Cell Phone: _____

The information provided above is true and complete to the best of my/our knowledge and belief. I/We consent to the disclosure of income and financial information from my/our employer and financial references for purposes of income and asset verification related to my/our application for residency. All persons designated as head, co-head, or 18 years of age or older **MUST SIGN BELOW.**

Applicant Signature _____

Date _____

Co-Applicant Signature _____

Date _____

LIHTC Application Addendum #1

TENANT RELEASE AND CONSENT

I/We _____, the undersigned hereby authorize all persons or companies in the categories listed below to release without liability, information regarding employment, income, and/or assets to _____ for the purpose of verifying information on my/our apartment rental application.

INFORMATION COVERED

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identity, student status, employment, income, assets, medical, or child care allowances, information on consumer credit bureaus, civil and criminal information, records of arrest, rental history, vehicle and licensing records and/or any other necessary information. I/We understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my/our eligibility for and continued participation as a Qualified Tenant.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information include, but are not limited to:

- | | |
|--|--|
| Past and Present Employers | Welfare Agencies |
| Support and Alimony Providers | State Unemployment Agencies |
| Educational Institutions | Social Security Administration |
| Bankers and other Financial Institutions | Previous Landlords (including Public Housing Agencies) |
| Veterans Administration | Retirement Systems |
| Medical and Child Care Providers | Criminal Records Providers |

CONDITIONS

I/We agree that photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and will stay in effect for a year and one month from the date signed. I/We understand I/We have a right to review this file and correct any information that is incorrect.

.....
SIGNATURES

_____	_____	_____
Applicant/Resident Signature	(Print Name)	Date
_____	_____	_____
Co-Applicant/Resident Signature	(Print Name)	Date
_____	_____	_____
Adult Member Signature	(Print Name)	Date
_____	_____	_____
Adult Member Signature	(Print Name)	Date

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506 "REQUEST FOR A COPY OF TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.