

TAX CREDIT APPLICATION

Development: 700 University Bay, LLC Unit #: _____ #Bedrooms Anticipated Move-In Date: _____

Other Needs: _____ Home Phone #: _____ Work Phone #: _____

All applicants 18 years of age and older, not related by blood, marriage or adoption, must complete their own application.

PERSONS OCCUPYING THE UNIT			RELATIONSHIP	SOCIAL SECURITY NUMBER	DATE OF BIRTH	STUDENT (Circle One)	
East	First	Middle				Y	N
			Head			Y	N
						Y	N
						Y	N
						Y	N
						Y	N
						Y	N

Proof of age will be requested if you are applying to live in a designated Elderly Development. Acceptable age verifications include a copy of: (1) a Birth Certificate, (2) a valid State Driver's License or (3) a valid State I.D. Card.

A. General Information

1. Do you own a pet? Yes No If yes, what kind? _____ Weight _____
2. Have you ever filed bankruptcy? Yes No If yes, please explain (include dates): _____
3. Have you ever been convicted of a felony? Yes No If yes, please explain: _____
4. Have you ever been evicted from an apartment for any reason? Yes No
If yes, please explain: _____

B. Housing Reference (List all residences and applicable landlord reference in the past three years.) (HPI 30)

Present Address _____ City _____ State _____ Zip _____

From _____ To _____ (Mth/Yr) _____ Reason for Leaving _____

Do you own this residence? YES NO If NO, do you rent this residence? YES NO

Landlord _____ Address _____ City _____

State _____ Zip _____ Landlord phone # _____ Rent per month _____

Previous Address _____ City _____ State _____ Zip _____

From _____ To _____ (Mth/Yr) _____ Reason for Leaving _____

Do you own this residence? YES NO If NO, do you rent this residence? YES NO

Landlord _____ Address _____ City _____

State _____ Zip _____ Landlord phone # _____ Rent per month _____

C. Employment or Other Income Sources (List all sources of income for all adult household members)

Income Source _____	Monthly Gross Income \$ _____
Contact Person _____	Phone Number (____) _____
Income Source _____	Monthly Gross Income \$ _____
Contact Person _____	Phone Number (____) _____

D. Emergency Contact (Other than person listed on application). Please list someone in the immediate area if possible.

Name _____ Relationship _____

Home Phone Number(____) _____ Work Phone Number(____) _____

E. Drivers License #: _____ **State Issued:** _____



We encourage and support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, color, religion, sex, national origin, handicap or familial status.

- Y N 1. Are you or anyone in the household currently or soon to become a student? **full-time** **part-time**
(A full time student is defined as someone who has been or will be a full-time student for 5 months this year.)
 List name of student(s): _____
- Y N 2. Are you separated, but not divorced from your spouse?
- Y N 3. Do you have legal custody of minor children in the household.
- Y N 4. Are any household members temporarily absent?
 Who? _____ How Long: _____
- Y N 5. Do you expect any changes to your household within the next 12 months?
 If yes, please explain: _____
- Y N 6. Are you receiving Section 8 Assistance? Agency _____ Phone # _____
 Do you have a: **Certificate** **Voucher** (Circle One)

ASSETS

Please list where the asset(s) is held, the current value of each asset(s), and all income derived from the assets over the previous 12 months, for **all** household members. (Attach additional page(s) if necessary)

CIRCLE ONE	TYPE OF ASSET	WHERE HELD Please list addresses on attached form	BALANCE/VALUE	INTEREST Y or N (amount)	RMD Y or N (Amt.)
Y N	Checking Acct. #1				
Y N	Checking Acct. #2				
Y N	Savings Acct. #1				
Y N	Savings Acct. #2				
Y N	Trust Account				
Y N	Certificate of Deposits				
Y N	Certificate of Deposits				
Y N	Money Markets				
Y N	Mutual Funds				
Y N	Pension/Annuity (NOT Paid Periodically)				
Y N	IRA/Keough/401 K				
Y N	Stocks/Bonds				
Y N	Real Estate (FMV - Mortgage Balance)				
Y N	Land Contract (provide amortization sche)				
Y N	Personal Property/Investment				
Y N	Cash kept at home - \$500 or more on hand, not in checking/savings account.				
Y N	Safe Deposit Box in the past 2 years.				
Y N	Lump Sum Payment				
Y N	Assets disposed of in the past 2 years.				
Y N	Whole Life Insurance Policy				
Y N	Total Household Assets Less Than \$5,000				



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INCOME

Please indicate each source of **ESTIMATED ANNUAL** income that you receive or anticipate receiving in the next twelve (12) months.

CIRCLE ONE	DESCRIPTION	FAMILY MEMBER	SOURCE	INCOME
Y N	Employment #1			
Y N	Employment #2			
Y N	Self - Employment (2 years taxes)			
Y N	Social Security			
Y N	Social Security (SSI)			
Y N	Public Assistance			
Y N	Veterans Benefit			
Y N	Pension/Annuity (Periodic Payments)			
Y N	Disability			
Y N	Child Support/Alimony			
Y N	Military Compensation			
Y N	Unemployment			
Y N	Rental Income/Land Contract Pymts.			
Y N	Other Income			
Y N	Lottery Payments (periodic)			
Y N	Workers Compensation			
Y N	Previous Employment			
Y N	Unemployed/Zero Income			
Y N	Anticipated Income			
Y N	Recurring Gift			
Y N	Housing Authority			

The undersigned certify that the information and statements provided above are true and complete to the best of my/our knowledge and belief. I/We consent to release the information in order to qualify for Section 42 Housing. I/We understand that providing false information or making false statements may be grounds for denial of my/our application and may subject me/us to criminal penalties. I/We agree to provide verifications of all income and assets as required by the Owner or its agent. I/We further authorize disclosure of all information which will verify my/our income and assets. I/We understand applicants must be eligible for the Section 42 Tax Credit program. Subject to approval, this will be my/our primary residence.

A credit check will be completed through a credit bureau. By completing this application, applicant grants management permission to confirm the above information supplied by applicant. The Fair Credit Reporting Act requires that management discloses to applicant that an investigative consumer report including information as to applicant's character, general reputation, personal characteristics and mode of living will be made.

Each Applicant 18 years of age or older must sign and date below.

Signature _____

Date _____

Signature _____

Date _____

Signature _____

Date _____



We encourage and support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, color, religion, sex, national origin, handicap or familial status.

TENANT DEMOGRAPHIC PROFILE

Property Name _____ **Unit #** _____
Name of Household: _____

We request the following information in order to comply with the Housing and Economic Recovery Act (HERA) of 2008, which requires all Low Income Housing Tax Credit (LIHTC) properties to collect and submit to the U.S. Department of Housing and Urban Development (HUD), certain demographic and economic information on tenants residing in LIHTC financed properties. Although we would appreciate receiving this information, you may choose not to furnish it. You will not be discriminated against on the basis of this information, or on whether or not you choose to furnish it. If you do not wish to furnish this information, please check the box at the bottom of the page and initial.

Effective Date of Certification: _____ (YYYY/MM/DD)
Household Size at Move-in Certification: _____

Enter both Ethnicity and Race codes for existing household members (see below for codes).

Tenant Demographic Information						
HH Mbr#	Household Members Name	M or F	Age	Race	Ethnicity	Disabled (Y or N)
1						
2						
3						
4						
5						
6						

The Following Race Codes should be used:

- 1 – White – A person having origins in any of the original people of Europe, the Middle East or North Africa.
- 2 – Black/African American – A person having origins in any of the black racial groups of Africa. Terms such as “Haitian” or “Negro” apply to this category.
- 3 – American Indian/Alaska Native – A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- 4 – Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- 5 – Native Hawaiian/Other Pacific Islander – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Note: Multiple racial categories may be indicated as such: 31 – American Indian/Alaska Native & White, 41 – Asian & White, etc.

The Following Ethnicity Codes should be used:

- 1 – Hispanic – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. Terms such as “Latino” or “Spanish Origin” apply to this category.
- 2 – Not Hispanic – A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Disability Status:

Check “Y” if any member of the household is disabled according to Fair Housing Act definition for handicap (disability):

A physical or mental impairment which substantially limits one or more major life activities: a record of such an impairment; or being regarded as having such an impairment. For a definition of “physical or mental impairment and other terms used, please see 24 CFR 100.201, available at http://www.fairhousing.com/index.cfm?method=page.display&pagename=regs_fhr_100=201.

Resident/Applicant: I do not wish to furnish information regarding ethnicity, race and other household composition.

(Initials) _____

(HH #) 1. 2. 3. 4. 5. 6. 7.

Signature of Head of Household

Date

ZERO INCOME AFFIDAVIT

(To be completed by adult household members only, if appropriate)

Household Name: _____ Unit No: _____
Development Name: _____ City: _____

1. I hereby certify that I do not individually receive income from any of the following sources:
 - a. Wages from employment (including commissions, tips, bonuses, fees, etc.),
 - b. Income from operation of a business;
 - c. Rental income from real or personal property;
 - d. Interest or dividends from assets;
 - e. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits;
 - f. Unemployment or disability payments;
 - g. Public assistance payments;
 - h. Periodic allowances such as alimony, child support, or gifts received from persons living in my household;
 - i. Sales from self-employed resources (Avon, Mary Kay, Shaklee, etc.);
 - j. Any other source not named above.

2. I currently have no income of any kind and there is no imminent change expected in my financial status or employment status during the next 12 months.

3. I will be using the following sources of funds to pay for rent and other necessities:

**** COMPLETE ATTACHED PAGE ****

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of a lease agreement.

PRINTED NAME OF APPLICANT/TENANT **DATE**

SIGNATURE OF APPLICANT/TENANT **DATE**

ZERO INCOME AFFIDAVIT – PAGE 2

Survival Statement

1.	Do you own a vehicle?	Yes	No	Monthly Car Payment \$ _____ Monthly Auto Insurance \$ _____ Monthly Gas Expense \$ _____ Source of income for payment of car expense:
2.	Do you have internet at home?	Yes	No	How much do you spend? \$ _____ Source of income for payment of internet:
3.	Have you purchased any clothing for yourself or members of the household during the past 30 days?	Yes	No	How much do you spend? \$ _____ Source of income for payment of clothing:
4.	Have you or a member of the household incurred any medical expenses in the past 30 days?	Yes	No	How much do you spend? \$ _____ Source of income for medical expenses:
5.	Do you have telephone service in your apartment? Do you have a cell phone?	Yes	No	Monthly Telephone Cost: \$ _____ Monthly Cell Phone Cost: \$ _____ Source of income for payment of telephone and cell phone cost:
6.	Do you subscribe to cable television?	Yes	No	Monthly cable TV cost? \$ _____ Source of income for payment of cable television:
7.	Do you have any school age children?	Yes	No	How much did you spend in the past 30 days for school related costs (books, paper, pencils, lunches, fees, etc)? \$ _____ Source of income for payment of school expenses:
8.	Do you or other household members receive cash contributions for sources or persons outside the household?	Yes	No	Monthly cash contribution? \$ _____ Source of income for cash contribution:
9.	What was the total food cost for your family in the past 30 days? Source of income for food costs:			\$ _____
10.	How much did you spend during the past 30 days for items such as soap, detergent, toothpaste, cigarettes, alcohol, deodorant, shampoo, toilet tissue, etc? Source of income for the above items:			\$ _____
11.	What were your utility costs for the past 30 days? Source of income for utility costs:			\$ _____

I have answered truthfully to the best of my ability to the above questions.

Signature of Tenant

Date

Signature of Tenant

Date

FORM #30

UNDER \$5,000 / ZERO ASSET CERTIFICATION

(For households whose combined net assets do not exceed \$5000)

Household Name: _____

Property and Unit #: 700 University Bay, LLC

Complete all those that apply for 1 through 3:

1. My/our assets include:

Source of Asset	Cash Value*	Interest or Dividend Rate	Annual Income
Checking / Money Market Account	\$	%	\$
Savings / Certificate of Deposits (CD)			
Stocks / Bonds			
IRA / Keough / 401(k)			
Trust / Retirement / Pension Funds			
Other Retirement			
Equity in Real Estate / Land Contracts			
Life Insurance Policies (excluding term)			
Lump Sum Receipts			
Capital Investments			
Personal Property ** held as an Investment			
Cash on Hand / Safety Deposit Box			
Assets disposed of for less than Fair Market Value within the past two (2) years (see question # 2 below).			
Other (list)			
TOTAL	\$		\$

*Cash value is defined as market value minus the cost of converting the asset to cash, such as broker's fees, settlement costs, outstanding loans, early withdrawal penalties, etc.

**Personal property held as an investment may include, but is not limited to, gem or coin collections, art, antique cars, etc. Do not include necessary personal property such as, but not necessarily limited to, household furniture, daily-use autos, clothing, assets of an active business, or special equipment for use by the disabled.

2. Within the past two (2) years, I/we have sold or given away assets (including cash, real estate, etc.) for more than \$1,000 below fair market value (FMV). Those amounts* are included above and are equal to a total of: \$_____. (*the difference between FMV and the amount received, for each asset on which this occurred).

3. I/we have not sold or given away assets (including cash, real estate, etc.) for less than fair market value during the past two (2) years.

4. I/we do not have any assets at this time.

The net family assets (as defined in 24 CFR 813.102) above do not exceed \$5,000.00 and the annual income from the net family assets is \$_____. This amount is included in total gross annual income.

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Applicant/Tenant

Date

Applicant/Tenant

Date

**Request to the WI Support Collections Trust Fund for Child Support
Financial Payment History Report from Housing Agency**

Fax request to (414) 483-7269

Provision of the Social Security Number (SSN) is voluntary; not providing it could result in an information processing delay. However, either the SSN or KIDS Case Number must be provided to obtain an Account History.

Information provided on this form (including any attachments) may be shared with others only for the purpose(s) of administration of the child support program and other related programs [§49.83, Wis. Stats.].

I am requesting a child support Financial Payment History Report for the following person. I hereby certify:

- The information received will only be used to determine eligibility for subsidies available for housing rental, and
- This housing agency has a current release of information form on file that is in effect for the person for whom information is requested.

Custodial/Non-Custodial Parent for
whom information is requested:

KIDS Case Number or SSN:

Period of Request (check all that apply):

- Last 90 Days
 Current Year to Date
 Prior Calendar Year

NAME – Housing Agency

SIGNATURE – Housing Staff Person

Date Signed

Instructions for reading the Child Support Account History Report are available online at dcf.wisconsin.gov/bcs.

Include the requesting agency's return address inside this box:

Note: Complete all information requested or the Trust Fund will not process this request.

STUDENT STATUS AFFIDAVIT

Date _____

Applicant/Resident _____

Property/Unit # _____

This rental community has received funding from a program which does not generally allow occupancy by households comprised entirely of full-time students. The following information is requested as part of the household qualification process. Please mark the applicable item(s).

- A. _____ I am NOT a student and do not anticipate enrolling as a student in the upcoming certification year.
- B. _____ I anticipate enrolling as a student in the upcoming certification year.
- C. _____ I am a part-time student and expect to remain a part-time student in the upcoming certification year.
- D. _____ I am a full-time student and offer the following explanation for eligibility consideration:
1. _____ I am married and filing a joint federal tax return with my spouse.
 2. _____ I am a single parent with a minor child (ren) and I am not dependent of someone else NOR is my child (ren) a dependent of someone other than his/her parent.
 3. _____ I receive Temporary Assistance for Needy Families (TANF) payments or other benefits under Title IV of the Social Security Act (W2, MFIP, etc).
 4. _____ I am enrolled in a job training program receiving assistance under the Job Training Partnership Act (JTPA) or other similar federal, state or local program.
 5. _____ I or another student household member was previously under foster care within 5 years of the effective date of this income certification.
 6. _____ There is a non-full time student living in the household including infants and children not yet school age.

Under penalty of perjury, I certify that the information presented in this affidavit is true and accurate to the best of my knowledge. The undersigned further understands that proving false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement. I will provide proof of credit hours or other documentation that may require for each school term during my occupancy of a unit at this rental community.

Applicant/Resident Signature

Date

Owner Representative

Date