



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)	
Last	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

- Do you own a pet? **Yes** **No** If yes, what kind? _____ Weight _____
- Have you ever filed bankruptcy? **Yes** **No** If yes, please explain (include dates): _____
- Have you ever been convicted of a felony? **Yes** **No** If yes, please explain: _____
- 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.)

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 # and Email _____
 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 # and Email _____

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 () _____

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. Driver's License #: _____ State Issued: _____

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 schedule)				
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				

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 _____



TENANT DEMOGRAPHIC PROFILE

Property Name 700 University Bay Drive, LLC 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/Recertification: _____ (YYYY/MM/DD)

Household Size at Move-in Certification/Recertification: _____

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



STUDENT STATUS AFFIDAVIT

Date _____
Applicant/Resident _____
Property/Unit # 700 University Bay Drive, LLC

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



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.
- 5.

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



ZERO INCOME AFFIDAVIT

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

Household Name: _____ Unit #: _____

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.
- k. 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 here-in 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

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



Child Support Affidavit

(Please fill out a separate form for each child, if applicable)

Property: 700 University Bay Drive, LLC Unit #: _____

Applicant/Tenant: _____

I certify that the following is true regarding my current child support situation for:

Child's Name

Child's Date of Birth

Please choose the option below that best describes the current child support situation for the above-named child.

I receive/will be receiving child support in the amount of \$ _____ per _____
(week/month/year).
(Provide supporting documentation such as a court order, child support agreement, signed statement from provider, check copies, etc.)

It has been court ordered that I am entitled to receive child support; however, I am not receiving any support at this time and do not anticipate receiving any support in the next 12 months. Please explain:

 Child Support has **not** been court ordered. I do **not** anticipate such an order in the next 12 months, **and** no support is being received. I am not pursuing legal action because *(check any that apply)*:

Financial Reasons

Responsible Party is Deceased

Responsible Party's location is unknown

Responsible Party is Incarcerate

This is a Protective Custody Case

Other *(describe)*: _____

By my signature below, I also certify that I understand it is my responsibility to notify the landlord of any changes to the status of child support.

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

Signature of Applicant/Resident

Date



DEVELOPMENT NAME: 700 University Bay Drive, LLC

APPLICANT/RESIDENT: _____

AUTHORIZATION FOR RELEASE OF INFORMATION FORM

FROM: 700 University Bay Drive, LLC
749 University Row, #101
Madison, WI 53705

TO: _____

FAX #: _____

In order to comply with federal regulations requesting verification on all income, assets and allowances for residents of tax credit housing, please complete the following information and return it as soon as possible to the above address.

AUTHORIZATION:

I/We hereby authorize release of any information requested by 700 University Bay, LLC regarding my/our income, assets, and allowances. I/We understand and agree that photocopies of this authorization may be used for the purpose stated above.

Applicant/Resident Signature Date Social Security Number(s)

Applicant/Resident Signature Date Social Security Number(s)

TERMS AND CONDITIONS:

The above-named organization, its subsidiaries or managing agents may obtain information regarding my income, assets, expenses and household status for purposes of determining my eligibility for participation in the following affordable housing programs:

- Low Income Housing Tax Credit Program - Section 42
- HUD Housing Assistance Payments Program - Section 8
- RECD Rental Assistance Program - Section 515

The information obtained will only be used for determining eligibility in said programs and will be kept confidential and not released outside of this scope.

This release for information will expire thirteen (13) months from the date of signature.

OFFICE USE ONLY:





BANK VERIFICATION

TO BE COMPLETED BY THE BANK: (Use an additional verification form if necessary)

1. Does the above signed rent a SAFE DEPOSIT BOX? YES NO

2. TYPE OF ACCOUNT: CHECKING/SAVINGS/IRA/KEOUGH (please specify)

A. Type of Account: _____
Account Number: _____
Interest Rate: _____
6 Mo. Average Bal. _____
Current Balance: _____
Joint Acct?/Whom?: _____

B. Type of Account: _____
Account Number: _____
Interest Rate: _____
6 Mo. Average Bal. _____
Current Balance: _____
Joint Acct?/Whom?: _____

3. TYPE OF DEPOSIT: CERTIFICATE OF DEPOSIT (CD)/ MONEY MARKET ACCOUNT

A. Type of Account: _____
Account Number: _____
Interest Rate: _____
6 Mo. Average Bal. _____
Current Balance: _____
Joint Acct?/Whom?: _____

B. Type of Account: _____
Account Number: _____
Interest Rate: _____
6 Mo. Average Bal. _____
Current Balance: _____
Joint Acct?/Whom?: _____

4. TRUST ACCOUNT:

A. Type of Account: _____
Principal Value: _____
Ownership: _____
Comments: _____

B. Type of Account: _____
Principal Value: _____
Ownership: _____
Comments: _____

Signature of Person Verifying Information: _____ Telephone Number: _____

Title: _____ Date: _____



BANK VERIFICATION

TO BE COMPLETED BY THE BANK: (Use an additional verification form if necessary)

1. Does the above signed rent a SAFE DEPOSIT BOX? YES NO

2. TYPE OF ACCOUNT: CHECKING/SAVINGS/IRA/KEOUGH (please specify)

A. Type of Account: _____
Account Number: _____
Interest Rate: _____
6 Mo. Average Bal. _____
Current Balance: _____
Joint Acct?/Whom?: _____

B. Type of Account: _____
Account Number: _____
Interest Rate: _____
6 Mo. Average Bal. _____
Current Balance: _____
Joint Acct?/Whom?: _____

3. TYPE OF DEPOSIT: CERTIFICATE OF DEPOSIT (CD)/ MONEY MARKET ACCOUNT

A. Type of Account: _____
Account Number: _____
Interest Rate: _____
6 Mo. Average Bal. _____
Current Balance: _____
Joint Acct?/Whom?: _____

B. Type of Account: _____
Account Number: _____
Interest Rate: _____
6 Mo. Average Bal. _____
Current Balance: _____
Joint Acct?/Whom?: _____

4. TRUST ACCOUNT:

A. Type of Account: _____
Principal Value: _____
Ownership: _____
Comments: _____

B. Type of Account: _____
Principal Value: _____
Ownership: _____
Comments: _____

Signature of Person Verifying Information: _____ Telephone Number: _____

Title: _____ Date: _____



Employment Verification

THE FOLLOWING SECTION TO BE COMPLETED BY EMPLOYER

Employee Name: _____ Job Title: _____

Presently Employed: Yes _____ Date Employed: _____ No _____ Last Day of Employment _____

Current \$ _____ (circle one) hourly, weekly, bi-weekly, semi-monthly, monthly _____

Average # of regular hours per _____ Year-to-date \$ _____ Fro _____ / _____ / _____ Thru: _____ / _____

Overtime \$ _____ per hour Average # of overtime hours per _____

Shift Differential \$ _____ per hour Average # of shift differential hours _____

Commissions, bonuses, tips, \$ _____ (circle one) hourly weekly bi-weekly semi-monthly, monthly _____

List any anticipated change in the employee's rate of pay within the _____ Effective _____ / _____ / _____

If the employee's work is seasonal or sporadic, please indicate the _____

Additional _____

 Employer's Signature Employer's Printed Name Date

 Employer Name (Company) and Address

 Employer's Phone # Fax # E-mail Address

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