

APPLICATION for AFFORDABLE HOUSING TAX CREDIT (LIHTC) PROPERTY (HOTMA)

Property Name	Unit #	Bdrm Size
Phone (home)	(work)	(cell)
Current Address:		
Email Address (es)		

****PLEASE PRINT. PLEASE ANSWER ALL QUESTIONS! Do not leave any space or blanks, write "NO or N/A" where appropriate. ****

Directions to Applicant: Please complete the table below for each member of your household, whether or not those members are related. Including, all members who you anticipate will live with you at least 50% of the time during the next 12 months. (A full-time student is anyone who is enrolled for at least five calendar months for the number of hours or courses which are considered full-time attendance by that institution. The five calendar months need not be consecutive.)

Name <u>ALL</u> People to Occupy Unit Full name (exactly as on driver's license or another govt. document)	DOB	Age	Sex	Relationship	**Marital Status** (never been married, married divorce, separated, widowed)	Last 4 digits of your Social Security number	Student? Yes or No
1.				HEAD			
2.				<input type="checkbox"/> Co-Head <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult			
3.				<input type="checkbox"/> Co-Head <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult			
4.				<input type="checkbox"/> Co-Head <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult			
5.				<input type="checkbox"/> Co-Head <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult			
6.				<input type="checkbox"/> Co-Head <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult			

1. Are any of the above-listed household members foster children or adults? If yes, please list name _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
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**** If Divorced or Separated please list the date(s): _____ ****

Please complete the following questions:

If any member of the household has used another name, please list this below (maiden name, former name, etc)

Former name used	Current name used
Former name used	Current name used

2. Do you expect any changes in the household composition in the next 12 months (expecting a child)? If Yes, please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Do you or any other adult members of the household anticipate a change to the current income information within the next 12 months (i.e. seeking employment, expecting child support/alimony, expecting a promotion, etc.)? If Yes, please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Do all of the above household members reside in the household 100% of the time? If No, please list household members and why:	<input type="checkbox"/> Yes <input type="checkbox"/> No

PART II - HOUSEHOLD INCOME - To be completed by applicant

For questions (5) through (29), indicate the amount of anticipated income for all household members named in the table on page 1 (for minors, unearned income amounts only), during the 12-month period beginning this date. If you are uncertain which types of income must be included or may be excluded, please ask the management personnel for assistance.

Do you or anyone in your household have:

Income	Applicant		2 nd Applicant		Amount:
	Yes	No	Yes	No	
5. Wages or Salaries (gross income)					\$
6. Child Support					Court Ordered \$ Amount Received \$
7. Alimony					Court Ordered \$ Amount Received \$
8. Social Security (gross amount)					\$
9. Railroad Pension (gross amount)					\$
10. Supplemental Security Income (SSI) (gross amount)					\$
11. Public Assistance – AFDC, TANF, General Assistance (excluding Food Stamps)					\$
12. Veterans Administration Benefits					\$
13. Pensions					\$
14. Are any periodic withdrawals being made from a retirement account? If yes how much and how often? (such as IRA's, 401K, Keogh, etc.)					\$
15. Annuities (regular periodic payments)					\$
16. Unemployment Compensation					\$
17. Disability, Death Benefits, Adoption Assistance and/or Life Insurance Dividends					\$
18. Net Income from a Business (Self-Employment, including Uber or Lyft driver, Door dash, Uber Eats, Independent contractor (cash pay, odd jobs) or similar types of positions, rental property, land contracts, or other forms of real estate)					\$
19. Regular Contributions and/or Gifts					\$

PART II - HOUSEHOLD INCOME (continued) - To be completed by applicant

Income	Applicant		2 nd Applicant		Amount:
	Yes	No	Yes	No	
20. Interest / Dividends					\$
21. Lottery Winnings or Inheritances					\$
22. All regular pay paid to members of Armed Forces					\$
23. Education, Grants, Scholarships or other Student Benefits					\$
24. Long Term Medical Care Insurance Payments in Excess of \$180.00 per day					\$
25. Do you receive funding from a State Medicaid agency (including through a managed care entity) or other State or Federal Agency to a family to enable a family member who has a disability to reside with you?					\$
26. Are any of these items listed above being deposited onto a pre-paid debit card (Direct Express, Net Spend, Relia Card, Citi Bank, Etc.)					\$
27. Are any of the above-listed income sources ending this coming year and will not repeat?					\$
28. I am claiming zero income and will be required to complete a separate zero income certification form .					
29. Other Income					
Total					\$
Total Gross Annual Income from previous Year (separate out if unrelated adults)					\$

30. Are any food and toiletry needs met by a food bank or similar organization? List these organization (s): _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Please note that the following income sources are considered “nonrecurring” and do not need to be reported. Please report all other income and we will help you determine what needs to be counted.</p> <ul style="list-style-type: none"> a. Payments from the U.S. Census Bureau for employment (relating to the decennial census or the American Community Survey) lasting no longer than 180 days and not culminating in permanent employment. b. Federal or State stimulus or recovery payments. c. Amounts for State or Federal refundable tax credits or tax refunds. d. Gifts for holidays, birthdays, or other significant life events or milestones (e.g., wedding gifts, baby showers, anniversaries). e. Non-monetary, in-kind donations, such as food, clothing, or toiletries, received from a food bank or similar organization. 	

PART III - ASSET INCOME - To be completed by applicant

CURRENT ASSETS - List all assets currently held by all household members and the cash value of each. The Cash value is the market value of the asset minus reasonable costs there were, or would be, incurred in selling or converting the asset to cash.

Do you or anyone in your household have:

Asset	Applicant		2 nd Applicant		Cash Value Amount	Name of Bank or Institution:
	Yes	No	Yes	No		
31. Savings Account / 529 College Savings Plan					\$	
32. Checking Account					\$	
33. Chime Account – checking or savings					\$	
34. Certificate of Deposit					\$	
35. Safe Deposit Box					\$	
36. Any Stocks or Securities					\$	
37. Any Treasury Bills					\$	
38. Annuities					\$	
39. Mutual Funds					\$	
40. Saving Bonds					\$	
41. Money Market Account					\$	
42. Cash on Hand					\$	
43. Internet Accounts – Venmo, Square Cash App, PayPal, etc.					\$	
44. Prepaid Debit Card (Direct Express, NetSpend, Citibank, reloadable Wal-Mart cards, red or green dot cards, Etc.)					\$	
45. HSA accounts – (not all states count this as an asset, please check with your State Agency)					\$	

Do you or anyone in your household have:

46. Do you or any other member of your household have any Whole or Universal Life Insurance Policies? If so who is this listed with: _____ Cash Value \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
47. Has any Personal Property held as an Investment (this includes: paintings, artwork, collector or show cars, jewelry, coin or stamp collections, antiques, etc.)? Cash Value _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
48. Have you received any Lump Sum Receipts? (Include inheritances, capital gains, lottery winnings, insurance settlements and other claims)? When _____ Cash Value _____ Where are Funds Held? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
49. Own Equity in real estate, rental property, land contracts/contract for deeds or other real estate holdings or other capital investments (this included your personal residence, mobile homes, vacant land, farms, vacation homes or commercial property)? a. If yes, type of property: _____ b. Location of Property: _____ c. Appraised Market Value: _____ d. Mortgage or Outstanding loan balance due: _____ e. Amount of Annual Insurance Premium: _____ f. Amount of most recent tax bill: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

PART III - ASSET INCOME (continued) - To be completed by applicant

50. Have you sold or disposed of any other assets in the last 2 years? (given money away, set up Irrevocable Trust Account, property, etc.) If yes, type of asset: _____ Market Value when sold or disposed: _____ Amount sold or disposed for: _____ Date of Transaction: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
51. Do you have any other assets not listed above (excluding personal property)? If yes, please list: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
52. Has anyone in the household received a tax refund in the last 12 months that was deposited into an account listed above? (Depending on applicable household assets, verification of the return may be needed). If "yes": _____ Amount of the return _____ _____ Into which account was the return deposited	<input type="checkbox"/> Yes <input type="checkbox"/> No
53. Does your household benefit from a trust account? If "yes" please complete the below. Is trust in control of the family (can any family member change or cash in the trust?) <input type="checkbox"/> Yes <input type="checkbox"/> No Are any distributions being received from the trust? <input type="checkbox"/> Yes <input type="checkbox"/> No Contact info for the administrator of the trust: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

PART IV – STUDENT QUESTIONS - To be completed by applicant

54. Are all occupants full-time students? If Yes please answer the following listed below:	<input type="checkbox"/> Yes <input type="checkbox"/> No
a) Are the students married and entitled to file a joint tax return (attach marriage certificate or tax return) <input type="checkbox"/> Yes <input type="checkbox"/> No b) Are any of the student's receiving assistance under Title IV of the Social Security Act, which includes but is not limited to TANF/TAFF/AFDC/FIP? <input type="checkbox"/> Yes <input type="checkbox"/> No c) Are any of the students enrolled in a job training program receiving assistance under the Workforce Investment Act or under similar Federal, State, or local laws? <input type="checkbox"/> Yes <input type="checkbox"/> No d) Are you a single parent household with at least one dependent child? The parent is not the dependent of another individual and the child is only a dependent of the resident or the other, non-resident parent. <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, and all household members are full time students, a signed copy of the Tax Return and Divorce Decree must be attached.) e) Is any student(s) part of the foster care program? <input type="checkbox"/> Yes <input type="checkbox"/> No	
55. Does any adult member of the household <u>anticipate</u> enrolling in the next twelve (12) months as a student? If yes who: _____ Name of School (s) _____ Location: _____ When do you plan to attend? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
56. Has any adult household member been a full-time student 5 months or more out of the current calendar year (months need not be consecutive)? If yes, who: _____ Name of School(s) _____ Location _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

PART IV – STUDENT QUESTIONS (continued) - To be completed by applicant

57. Are you receiving, or applying to receive, Housing Choice Voucher assistance / Section 8 Rental Assistance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
58. If yes – what process have you taken for rental assistance -	<input type="checkbox"/> Applied <input type="checkbox"/> Waitlist
59. Are any household members attending an institute of higher education? Who? _____ How is school paid for each? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

PART V – RENTAL HISTORY - To be completed by applicant**60. Residence History: Current & Previous Landlords:****(Past 2 years' residence including any owned by applicants.)**

Head Current Address	Rent/Month	Do you own or rent	Reason for Leaving
		Rent <input type="checkbox"/> Yes <input type="checkbox"/> No Own <input type="checkbox"/> Yes <input type="checkbox"/> No	
Landlord Name	Landlord Address		Landlord Phone
When did you move in: _____		When did you move out: _____	

Previous Address	Rent/Month	Do you own or rent	Reason for Leaving
		Rent <input type="checkbox"/> Yes <input type="checkbox"/> No Own <input type="checkbox"/> Yes <input type="checkbox"/> No	
Landlord Name	Landlord Address		Landlord Phone
When did you move in: _____		When did you move out: _____	

Previous Address	Rent/Month	Do you own or rent	Reason for Leaving
		Rent <input type="checkbox"/> Yes <input type="checkbox"/> No Own <input type="checkbox"/> Yes <input type="checkbox"/> No	
Landlord Name	Landlord Address		Landlord Phone
When did you move in: _____		When did you move out: _____	

61. Residence History: Current & Previous Landlords for Co-Head or Applicant:**(Past 2 years' residence including any owned by applicants.)**

Co-Head or Other Applicant's Current Address	Rent/Month	Do you own or rent	Reason for Leaving
		Rent <input type="checkbox"/> Yes <input type="checkbox"/> No Own <input type="checkbox"/> Yes <input type="checkbox"/> No	
Landlord Name	Landlord Address		Landlord Phone
When did you move in: _____		When did you move out: _____	

PART V – RENTAL HISTORY (continued) - To be completed by applicant

Previous Address	Rent/Month	Do you own or rent	Reason for Leaving
		Rent <input type="checkbox"/> Yes <input type="checkbox"/> No Own <input type="checkbox"/> Yes <input type="checkbox"/> No	
Landlord Name	Landlord Address		Landlord Phone
When did you move in: _____		When did you move out: _____	

Previous Address	Rent/Month	Do you own or rent	Reason for Leaving
		Rent <input type="checkbox"/> Yes <input type="checkbox"/> No Own <input type="checkbox"/> Yes <input type="checkbox"/> No	
Landlord Name	Landlord Address		Landlord Phone
When did you move in: _____		When did you move out: _____	

PART VI - EMPLOYMENT HISTORY - FOR ALL ADULTS 18 YEARS AND OLDER:

62. Head's Current Employer:					
Date Hired:	Date terminated:	Job Title:			
Salary: \$ _____	Circle One:	Annually	Weekly	Bi-Weekly	Monthly
Employer Address: _____					
City		State	Zip	Phone Number	

Do you have a 2nd job? ☐ Yes ☐ No. If so please list information below:**Current Employer –**

Date Hired:	Job Title:		
Employer Address _____			
City	State	Zip	Phone Number

63. Head's Previous Employer:					
Date Hired:	Date terminated:	Job Title:			
Salary: \$ _____	Circle One:	Annually	Weekly	Bi-Weekly	Monthly
Employer Address: _____					
City		State	Zip	Phone Number	

***** Please note if at the time of the application you have terminated your employment within 90 days this must be verified with previous employer.*****

64. Spouse Current Employer:					
Date Hired:	Date terminated:	Job Title:			
Salary: \$ _____	Circle One:	Annually	Weekly	Bi-Weekly	Monthly
Employer Address: _____					
City		State	Zip	Phone Number	

Do you have a 2nd job? ☐ Yes ☐ No. If so please list information below:**Current Employer –**

Date Hired:	Job Title:		
Employer Address _____			
City	State	Zip	Phone Number

PART VI – EMPLOYMENT HISTORY (continue) - FOR ALL ADULTS 18 YEARS AND OLDER

65. Spouse's Previous Employer:				
Date Hired:	Date terminated:	Job Title:		
Salary: \$ _____	Circle One: Annually	Weekly	Bi-Weekly	Monthly
Employer Address: _____				
City	State	Zip	Phone Number	
*** Please note if at the time of the application you have terminated your employment within 90 days this must be verified with previous employer.***				

66. Other Applicant's Current Employer:				
Date Hired:	Date terminated:	Job Title:		
Salary: \$ _____	Circle One: Annually	Weekly	Bi-Weekly	Monthly
Employer Address: _____				
City	State	Zip	Phone Number	
Do you have a 2 nd job? <input type="checkbox"/> Yes <input type="checkbox"/> No. If so please list information below:				
Current Employer –				
Date Hired:		Job Title:		
Employer Address _____				
City	State	Zip	Phone Number	

67. Other Applicant's Previous Employer:				
Date Hired:	Date terminated:	Job Title:		
Salary: \$ _____	Circle One: Annually	Weekly	Bi-Weekly	Monthly
Employer Address: _____				
City	State	Zip	Phone Number	
*** Please note if at the time of the application you have terminated your employment within 90 days this must be verified with previous employer.***				

PART VII - OTHER - To be completed by applicant

68. Do you have full custody of your child (ren)? If no please explain the custody arrangements: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
69. Would you or any members of your household benefit from a handicapped-accessible unit? If yes, explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
70. Have you ever been evicted? If yes, explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
71. Have you filed for bankruptcy? If yes, explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
72. Have you ever been convicted of a felony? If yes, explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
73. Has your rental assistance ever been terminated for fraud, non-payment of rent or failure to recertify? If yes, explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
74. Will this be your only place of residence? If no, explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
75. What is the condition of your current housing? Standard _____ Currently without Housing _____ Living with Family or Friends _____	

PART VIII – RESIDENT’S STATEMENT - To be completed by applicant

76. Do you have a legal right to be in the United States: (check one that applies)? ____ Yes, because I am a United States Citizen ____ Yes, because I have valid documentation from the Bureau of Citizenship and Immigration Services (formerly The Immigration and Naturalization Service) ____ No If you answered “Yes” because you are a non-U.S. citizen with valid documentation, you must provide documentation and complete paperwork required by the Department of Housing and Urban Development, so we can verify that you are a Non-Citizen with eligible immigration status.	
77. Are you a Veteran? a. Important information for Former Military Services Members. Women and men who served in any branch of the United States Armed Forces, including Army, Navy, Marines, Coast Guard, Reserves or National Guard, may be eligible for additional benefits and services. For more information please visit your local Veterans Area website	<input type="checkbox"/> Yes <input type="checkbox"/> No

PART IX – SPECIAL NEEDS - To be completed by applicant

78. Does anyone in your household have special needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
79. Special living accommodation required? If yes, please explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

PART X – IN CASE OF EMERGENCY, NOTIFY: - To be completed by applicant

Name / Relationship	Address	Phone

**** Before you complete this section of the application, were all questions above completely answered? All blanks filled in. If not, please go back through the application and complete the sections that were left blank. ****

PART XI - RESIDENT’S STATEMENT - To be completed by applicant

I/we understand that the above information is being collected to determine my/our eligibility for residency. I/we authorize the owner/manager to verify all information provided on this Application/Certification and my/our signature is our consent to obtain such verification. I/we certify that I/we have revealed all assets currently held or previously disposed of and that I/we have no other assets than those listed on this form (other than personal property). I/we further certify that the statements made in this Application/Certification are true and complete to the best of my/our knowledge and belief and are aware that false statements are punishable under Federal law.

SIGNATURE OF ALL PARTIES TO THIS APPLICATION, 18 YEARS OR OLDER:

Applicant Signature (Head)	Date
Applicant Signature (Co-Head)	Date
Other Applicant Signature	Date

****This section must be completed even if assistance is not needed****

Has anyone help and assist you in filling out this application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Signature of Head (sign line above)	Date
Signature of Spouse, Co-Head or Other Applicant (sign line above)	Date
Signature of person who assisted with application and their relationship to applicant. (signs live above)	Date
Reason for assistance:	

Signature of Owner’s or Developer’s
Authorized Representative: _____ Date _____

VOLUNTARY INFORMATION

This information is being requested in accordance with federal regulations. This information is for reporting purposes only. This information will not be used in evaluation of your application or to discriminate against you in any way. You are not required to provide this information but are encouraged to do so.

☐

I chose not to complete this questionnaire.

Name <u>ALL</u> People to Occupy Unit LAST NAME FIRST	Relationship	Racial –please see below *1	Ethnicity- Please see below *2	Disabled – please see below *3
1.	HEAD			
2.				
3.				
4.				
5.				
6.				
7.				
8.				

Racial*1

- ☐ 1 – White ☐ 2 – Black/African American ☐ 3 – American Indian/Alaska Native
☐ 4 – Asian ☐ 5 – Native Hawaiian/Other Pacific Islander

Ethnicity*2

- ☐ 1 – Hispanic or Latino ☐ 2 – Not Hispanic or Latino

Disabled*3

- ☐ Yes ☐ No

Military Service

- ☐ Pre-Vietnam Era ☐ Vietnam Veteran
☐ Post-Vietnam Era ☐ Disabled Veteran

How did you hear about this housing opportunity?

- ☐ Newspaper ☐ Company Employee ☐ Professional Publication
☐ Job Fair ☐ Placement Office ☐ Web Site
☐ Other _____

THANK YOU FOR TAKING THE TIME TO FILL OUT THIS QUESTIONNAIRE!