

FOR OFFICE USE ONLY		
Community:	Unit #:	# Bdr:
Move-in Date:	Full Rent:	Util Allowance:
Rental Assistance:	1 st month's Rent:	Sec. Dep:
Amount paid with lease signing:		

WARNING: Section 1001 of Title 18 U.S. code makes it a criminal offense to make willful, false statements, or misrepresentation of any material fact involving the use or obtaining federal funds. Providing false information or making false statements may be grounds for denial of application.

HEAD OF HOUSEHOLD

Can you read and write English? **Yes / No**
 If no, did you have an interpreter? **Yes / No** Interpreter's Name: _____

Head of Household

Name: _____ SS#: _____
 Date of Birth: _____ Gender: _____
 # in household: _____ Allowable Limit \$: _____ Gross Income \$: _____

Income

Job: _____ SS/Pension: _____ Public Asst: _____
 Other: _____ Assets: _____

Status

Full-Time Student Single Parent Disabled Homeless
Circle Applicable: On PHA List Married Couple Children in Household

Race

1. White/Caucasian 2. African American 3. American Indian
Circle Applicable: 4. Alaskan Native / Asian 5. Native Hawaiian / Pacific Islander
 6. Other 7. Prefer not to answer

Ethnicity

Circle Applicable: 1. Hispanic/Latino 2. Non-Hispanic/Non-Latino 3. Prefer not to answer

Other Household Members

Name: _____ Race #: _____ Ethnicity #: _____ HC: _____ Gender: _____
 Name: _____ Race #: _____ Ethnicity #: _____ HC: _____ Gender: _____
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 Name: _____ Race #: _____ Ethnicity #: _____ HC: _____ Gender: _____

Head of Household Signature: _____ **Date:** _____

INFORMATION IS GATHERED FOR STATISTICAL PURPOSES ONLY

This institution is an equal opportunity provider, employer, and lender

In Accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. If you believe you experienced discrimination when obtaining services from USDA, participating in a USDA program, or a program that receives financial assistance from USDA, you may file a complaint with USDA at www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint or by calling 866-632-9992.

List any addresses you have had within the last 5 years:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

Have you ever had a landlord? Y/N

Have you ever been evicted or owe a landlord money? Y/N

Please provide your personal email address or write N/A: _____

Development Name: _____

Development Address: _____

Date of application: _____

Size of unit requested: _____

Date housing is needed: _____

Directions to Applicant: Answer all questions on this application. Enter "None" or "N/A" for those questions which do not apply to you. Include all members who you anticipate will occupy the unit at least 50% of the time during the next 12 months. For financial information, please provide the names and addresses of people who can verify the information you provide. Please use the back of the pages to record additional information if there isn't enough room for an entry. Proof of identity and social security cards must be provided for all household members. All adults must sign/date the application.

Part 1 / Family Composition

List ALL apartment occupants <i>last name, first name, middle initial</i>	Social Security # *	Date of Birth	Relation to head of household	Sex	Full-time student?
	- -	/ /	Head of Household		
	- -	/ /			
	- -	/ /			
	- -	/ /			
	- -	/ /			
	- -	/ /			

* If benefits are drawn under a different Social Security #, please provide: _____

Do you expect a change in family size in the future? Yes / No
If so, explain, and provide date of change: _____

Are there any temporarily absent family members? Yes / No
If so, provide name and date of return: _____

Current Marital Status

Circle Applicable: 1. Never Married 2. Divorced 3. Separated
 4. Married 5. Widowed 6. Other

Would your household benefit from a handicapped-accessible unit? Yes / No

Part 2 / Income

Type of income	Person Receiving Income	Name of source	Address <i>Street, City, State, zip</i>	Phone number
				- -
				- -
				- -
				- -
				- -
				- -
				- -
				- -
				- -

Part 3 / Assets

Type of Account	Account Name	Financial Institution Name	Address <i>Street, City, State, zip</i>	Account Number(s)

A. Applicant

Currently Employed By: _____ How Long? _____
Supervisor: _____ Phone: _____

Previous Employer: _____ How Long? _____
Supervisor: _____ Phone: _____

Second Job Employer: _____ How Long? _____
Supervisor: _____ Phone: _____

B. Co-Applicant

Currently Employed By: _____ How Long? _____
Supervisor: _____ Phone: _____

Previous Employer: _____ How Long? _____
Supervisor: _____ Phone: _____

Second Job Employer: _____ How Long? _____
Supervisor: _____ Phone: _____

C. Other Household Adult

Currently Employed By: _____ How Long? _____
Supervisor: _____ Phone: _____

Previous Employer: _____ How Long? _____
Supervisor: _____ Phone: _____

Second Job Employer: _____ How Long? _____
Supervisor: _____ Phone: _____

Part 4 / Landlord Reference

A. Present Landlord: _____ Phone: _____ From/To: _____

Address	City	State	Zip
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B. Previous Landlord: _____ Phone: _____ From/To: _____

Address	City	State	Zip
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C. Previous Landlord: _____ Phone: _____ From/To: _____

Address	City	State	Zip
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- A. Have you ever been evicted? Yes / No
 If Yes, explain: _____
- B. Have you ever been convicted of a felony? Yes / No
- C. Have you ever filed for bankruptcy? Yes / No
- D. Have you ever received rental assistance? Yes / No
- E. Will this be your only place of residence? Yes / No
- F. Do you live or have you lived in subsidized housing? Yes / No
- G. Have you or your spouse/co-applicant ever been evicted or otherwise involuntarily removed from rental housing due to reasons such as fraud, non-payment of rent, failure to comply with recertification procedures, or any other cause? Yes / No
- H. Have you or any member of your household been convicted of the illegal distribution or manufacture of an illegal drug or other illegal controlled substance? Yes / No
- I. Has anyone in your household, including yourself, ever been registered or are currently registered as a sex offender, either in this state or any other jurisdiction? Yes / No
- J. Do you have any pets? Yes / No
- K. Are you currently homeless or living at a shelter? Yes / No
- L. What is the condition of your current housing?
 Circle Applicable: 1. Standard 2. Unsafe/unhealthy 3. Living with parents
 4. No indoor plumbing/kitchen 5. Currently without housing
 6. Other

————— CURRENT RESIDENCY/EMERGENCY CONTACT —————

Your Current Address

Address	City	State	Zip
Phone	Yes / No Okay to leave message?		

Emergency Contact

Address	City	State	Zip
Phone			

preceding questions for all members of the Household who are to occupy the unit in the above Section 42 rental development for which application is made all of whom are listed above. I/We understand that providing false information or making false statements may be grounds for denial of my/our application. I/We further understand that as part of the application process my credit report may be obtained without further authorization and that I/We will be required to authorize verification of my/our income and assets. I/We understand that all of the above information must be obtained in order to establish my eligibility for the Low Income Housing Tax Credit Program.

"I acknowledge that landlord relies on the information given above to be complete and accurate in order to act on your application in a timely manner. Any false statements, misrepresentations, inaccurate information or failure to supply the data requested above may serve as a rejection of your application or grounds for an eviction action if later discovered to be false, misrepresented, inaccurate or incomplete information."

"I warrant that all of the representations in this application are true and correct. I also understand that information provided on this application shall survive approval of this application, and execution of a lease agreement."

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Applicant Signature (Head) Date

Applicant Signature (Co-Head) Date

Applicant Signature Date

Applicant Signature Date

Applicant Signature Date