



WELCOME TO YOUR NEW APARTMENT HOME!

				App Date:	
B/R Size:	Rent \$	Tent M/I Date:	Traffic Source:	App & Turn Fee:\$	
				Dep. Pd.:\$	
				Date	Agent:
				App Recd:	

APPLICATION FOR TAX CREDIT HOUSING

HOUSEHOLD MEMBER INFORMATION

Complete the following information for each household member that will occupy the unit at the time of move in & during next 12 month period
 Marital Status Codes: S-Single, M-Married, D-Divorced, L-Legal Separation, E- Estranged, W-Widow

PLEASE PRINT

Name LAST, FIRST, M/I (JR,SR, ETC.)	Relation to Head of Household	Sex M/F	Marital Status	Social Security	Is this Person a Student?		Age	Birth Date Month/Day/Year
	SELF				YES	NO		
					YES	NO		
					YES	NO		
					YES	NO		

Do you expect any change in the above-listed household composition in the next 12 months? Yes ____ No _____. If yes, describe the change: _____

RESIDENCE HISTORY

List Current Address First and then Prior address if less than 3 years at current address.

CURRENT ADDRESS & PHONE #	LANDLORDS NAME & ADDRESS	MONTHLY PYMT	OCCUPANY DATES
		\$	From:
		Rent	To:
City	City	Mortgage	
Phone#	Phone#	Applicant Email:	
PREVIOUS ADDRESS	LANDLORDS NAME & ADDRESS	MONTHLY PYMT	OCCUPANY DATES
		\$	From:
		Rent	To:
City	City	Mortgage	
Phone#	Phone#		

EMERGENCY CONTACT INFORMATION

NAME	ADDRESS	PHONE
1.		
2.		

VEHICLE INFORMATION

LICENSE PLATE #	MAKE/MODEL/COLOR	YEAR
1.		
2.		

PET INFORMATION

Do you, or anyone in the household have a pet(s)? YES _____ NO _____ If Yes, Indicate Breed: _____ Full Grown Weight: _____

ADDITIONAL INFORMATION

	YES	NO
Are you or any member of your family currently using an illegal substance?		
Have you or any member of your family ever been convicted of a felony?		
If yes, describe:		
Have you or any member of your family ever been evicted (foreclosed) from any housing?		
If yes, describe:		
Have you ever filed for bankruptcy?		
If yes, describe:		
Is any member of the household disabled?		
If yes, does this member require any accommodations?		

STUDENT INFORMATION

Definition of a student is any person part-time or full-time enrolled in an institution of higher education for the purposes of earning a degree, certificate or other program leading to a recognized educational credential:

	YES	NO
Are any of the above occupants students of higher education?	YES	NO
Are All of the persons in this household Full-time Student(s)? If Yes, Answer the Following Questions:	YES	NO
Are any full-time student(s) married and filing a joint tax return?	YES	NO
Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?	YES	NO
Are any full-time student(s) a TANF or a Title IV recipient?	YES	NO
Are any full-time student(s) a single parent living with his/her minor child who is not a Dependent on another's tax return?	YES	NO

MEDICAL EXPENSES

Type of Expenses	Family Member Who Pays	Monthly Amount	Can This Expense Be Verified?

FRAUD STATEMENT

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government, HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person, who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 42 U.S.C. 208 (f) (g) and (h). Violations of these provisions are cited as violations of 42 U.S.C. 408 f, g and h.

STATEMENT OF ANTICIPATED INCOME: For the next 12 months

<input type="checkbox"/> YES	<input type="checkbox"/> NO	Do you or anyone in your household <u>RECEIVE</u> or expect to receive <u>INCOME</u> from:	ESTIMATED AMOUNT RECEIVED ANNUALLY	OCCUPANT NAME RECEIVING These FUNDS
___	___	Social Security Benefits.....	\$ _____	_____
___	___	Supplemental Security Income (SSI)	\$ _____	_____
___	___	VA or Military pay benefits	\$ _____	_____
___	___	Pension Plan, Retirement or Annuities	\$ _____	_____
___	___	Gifts/Contributions from non-household members	\$ _____	_____
___	___	Alimony, spousal or child support	\$ _____	_____
___	___	Are you entitled to Alimony, spousal or child support but not receiving.....	\$ _____	_____
___	___	Employment income (Full-time, part-time or seasonal)	\$ _____	_____
Employer Name _____ Hire Date: _____		Employer Name: _____ Hire Date: _____		
___	___	Self-employment income.....	\$ _____	_____
___	___	Do you work for anyone that pays you in cash.....	\$ _____	_____
___	___	Unemployment, Workman's Comp, or Disability Benefits.....	\$ _____	_____
___	___	Payment from Rental Properties or Notes Receivable.....	\$ _____	_____
___	___	Public Assistance or General Assistance.....	\$ _____	_____
___	___	Are you on leave of absence from work due to Lay-off, Medical, Family Leave Act, Military leave, or other	\$ _____	_____
___	___	Any Income from sources not mentioned above.....	\$ _____	_____

(Please list on additional sheet)

STATEMENT OF ASSET INFORMATION:

Do you or anyone in your household have the following assets, and if so what is the value?

<input type="checkbox"/> YES	<input type="checkbox"/> NO	ASSET TYPE	Current Value	Annual Interest/Income
___	___	Checking Account(s) (# of Accts _____)	\$ _____	\$ _____
___	___	Savings or Money Market Account(s) (# of Accts _____)	\$ _____	\$ _____
___	___	Certificate(s) of Deposit (# of Accts _____)	\$ _____	\$ _____
___	___	Cash on Hand	\$ _____	\$ _____
___	___	IRA, 401K, Keogh, Roth or other Retirement Acct(s) (# of Accts _____)	\$ _____	\$ _____
___	___	Savings Bonds or Treasury bills (# Owned _____).....	\$ _____	\$ _____
___	___	Trust Fund(s) (# of Accts _____).....	\$ _____	\$ _____
___	___	Stocks, Bonds, Mutual Funds, or Annuities (# of Shares _____)	\$ _____	\$ _____
___	___	Do you own or have equity in any real estate? (Includes Homes, Mobile Homes, Land, Burial Plots, Condos, Commercial Rental or Other Real Estate)	\$ _____	\$ _____
___	___	Is this property for Sale or Rental (_____)		
___	___	Whole Life Insurance Policies (current cash or surrender value required).....	\$ _____	\$ _____
___	___	Items held as an Investment (gems, art, coins, etc)	\$ _____	\$ _____
___	___	Have you received or are you expecting to receive any <u>LUMP SUM PAYMENTS</u> from: Social Security delayed payments, inheritances, Capital gains, one-time lottery winnings, victims restitution, worker's compensation, disability or any type of insurance claims or settlements.....	\$ _____	\$ _____
___	___	Other Assets.....	\$ _____	\$ _____

(Use additional sheet if additional space is needed)

I/We Have OR Do Not Have Total Household Assets valued at \$5,000.00 or more?

I/We Have OR Have Not disposed of any household assets for less than fair market value within the last two years.

If you have disposed of assets, what was the market value at time of disposition, the amount received and the date you disposed of the assets:

RESIDENT'S STATEMENT

WE UNDERSTAND THAT THE ABOVE INFORMATION IS BEING COLLECTED TO DETERMINE MY ELIGIBILITY FOR RESIDENCY. I/WE AUTHORIZE THE OWNER/MANAGER TO VERIFY ALL INFORMATION PROVIDED ON THIS APPLICATION/CERTIFICATION AND MY/OUR SIGNATURE IS CONSENT TO OBTAIN SUCH VERIFICATIONS. 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 HEAD OF HOUSEHOLD DATE _____

SIGNATURE OF CO-TENANT DATE _____

SIGNATURE OF CO-TENANT DATE _____

SIGNATURE OF CO-TENANT DATE _____

OWNER'S SIGNATURE

SIGNATURE OF OWNER'S/MANAGEMENT AGENT
AUTHORIZED REPRESENTATIVE: _____ DATE _____



"Habitat America, LLC, is pledged to the letter and spirit of the U.S. Policy for the achievement of equal housing opportunity throughout the Nation. We encourage and support an affirmative advertising and marketing program in which there are no barriers to obtaining housing because of race, color, religion, sex, handicap, familial status or national origin."

