



Date / Time Received: _____

For Office Use Only

TAX CREDIT RURAL DEVELOPMENT APPLICATION FOR HOUSING
Equal Housing Opportunity

Bedroom Size Requested: 1 Bdrm _____ 2 Bdrm _____ 3 Bdrm _____

Applicant Name: _____		
Last	MI	First
Co-Applicant Name: _____		
Last	MI	First
Current Address: _____		
City: _____ State: _____ Zip Code: _____ Tel #: _____		

All co-applicants, age 18 or older, other than spouse, are required to complete a separate application. Any applicant, who purposefully falsified, misrepresents or withholds any information related to program eligibility or submits inaccurate and/or incomplete information on this application will not be considered for housing nor placed on the waiting list.

Household Composition

Complete, in your own handwriting. List the Head of Household (applicant) and all other persons who will be living in your unit. Give the relationship of each family member to the head.

Member Full Name	Relationship	Date of Birth	Age	Sex	Student Y or N	Social Security #
	HEAD					

All family members 18 or over listed as Full Time Students provide the following information:
 Does the household anticipate all members of the household will become full-time students in an institution of higher learning the next 12 months?
 ____ yes ____ no, if so, complete the next 2 lines
 School Name & Address: _____
 School Name & Address: _____

QUESTIONS – ALL MUST BE ANSWERED **Use back for extra space**

- Does your household have any needs that might be better served by an apartment that is accessible to persons with mobility impairments? Yes No If yes, explain _____
- Do you or anyone else in your household qualify for housing because of a handicap or disability? Yes No
- 1. Are you a current illegal user of a controlled substance? _____
- 2. Have you ever been convicted of the illegal use of a controlled substance? _____
- 3. Have you ever been convicted of the illegal manufacturing or distribution of a controlled substance? _____
 - If you answer “yes” to any of the three questions, have you successfully completed a controlled substance abuse recovery program or are you presently enrolled in such a program? _____
- 4. Have you ever been evicted? _____ If so, explain _____
- 5. Have you ever received a written notice for non-payment of rent? _____ If yes, explain _____
- 6. Have you always received all of your security deposited refund? _____ If no, explain _____
- 7. Is there anyone currently living with you that is not on this application? _____ If so, explain _____
- 8. Do you have sole legal and physical custody of your children?
 Yes No If no, please explain custody arrangement: _____
- 9. Does your household have a pet? _____
- 10. Do you receive Housing Assistance (HRA Section 8 Certificate ____ or Voucher ____ or RAFS ____)
- 11. How did you select our community? Drive by ____ Referral ____ Newspaper ____ Other _____
- 12. Have you or anyone named on this application ever been convicted of a crime other than a simple misdemeanor (i.e. traffic ticket, etc.)? If so, explain _____

CURRENT HOUSING STATUS

Address	City	State	Zip

Name of Landlord: _____ Tel #: _____
 Address: _____
 How long have you resided at your current address? _____ Rent? \$ _____

PREVIOUS HOUSING STATUS

Address	City	State	Zip

Name of Landlord: _____ Tel #: _____
 Address: _____
 How long did you reside at this address? _____ Rent? \$ _____

PREVIOUS HOUSING STATUS

Address	City	State	Zip

Name of Landlord: _____ Tel #: _____
 Address: _____
 How long did you reside at this address? _____ Rent? \$ _____

HOUSEHOLD INCOME INFORMATION
 All information will be verified by a third party

For each household member age 18 or older, list current and anticipated income for the 12-month period commencing or anticipated from the date of occupancy. Include all full time, part time or seasonal employment. If a household member has more than one source of income, use a separate line for each source.

	DO YOU RECEIVE OR EXPECT TO RECEIVE	YES	NO	MONTHLY AMOUNT
1	Wages, salaries (includes overtime, tips, bonuses, commissions, self-Employment)?			\$
2	Does any member work for someone who pays him/her cash?			\$
3	Regular pay for a member of the armed forces?			\$
4	Welfare of disability benefits (AFDC, SS GA)?			\$
5	Worker's Compensation?			\$
6	Unemployment benefits or Severance pay?			\$
7	Child Support?			\$
8	Alimony?			\$
9	Education grants, scholarships or VA student benefits?			\$
10	Social Security Payments?			\$
11	Pensions (PERA, railroad, etc.)?			\$
12	Death Benefits?			\$
13	Retirements Benefits?			\$
14	Annuities or life insurance dividends?			\$
15	Net income from rental property?			\$
16	Regular cash contributions or gifts from individuals not living in the unit?			\$
17	Interest income?			\$
18	Income from a business trade, or are you currently active in farming?			\$
19	Other, (list)?			\$

Question #	Family Member	SOURCE(S) OF INCOME <u>AND</u> THEIR ADDRESS

HOUSEHOLD ASSETS
All information will be verified by a third party

	DO YOU HAVE MONEY HELD IN:	yes	No	Amount
1	Checking Account			\$
2	Savings Account			\$
3	Stocks			\$
4	Capital Investments			\$
5	Bonds			\$
6	Trusts			\$
7	Securities			\$
8	IRA/KEOGH Accounts			\$
9	Certificates of Deposit			\$
10	Pension/Retirement Funds			\$
11	Mutual Funds			\$
12	Treasury Bills			\$
13	Safety Deposit Box			\$
14	Insurance Settlement			\$
15	Lump sum payments (include inheritance, insurance settlement, lottery winnings, etc.)			\$
16	Cash value of Whole Life Insurance Policy			\$
17	Other (list)			\$
18	Do you currently hold a contract for deed?			\$
19	Do you currently own real estate?			\$
	If yes, please list the location(s), number of acres owned, any expenses (i.e. taxes, insurance, etc.) and any income received:			\$
20	Do you have any coin collections, antique cars, gems/jewelry, stamps, or any other items held for investment purposes?			\$
21	Are any assets held jointly with another person?			\$
	If yes, person's name and the asset(s) held jointly:			\$

Question #	Family Member	List Name AND Address of Bank or Institution where funds are kept. Provide a copy of the entire property tax statement for any real estate owned.

I/We hereby certify that I/we have _____ have not _____ sold or disposed of any assets for less than Fair Market Value during the two-year (24-month) period preceding the date of this application. Any assets sold or disposed of for less than Fair Market Value are identified below.

Relationship to Head of Household	Assets Estimated Value	Date Sold / Disposed of	Amount Received
	\$		\$
	\$		\$

HOUSEHOLD ALLOWANCE INFORMATION

All information will be verified by a third party

All or part of your household's expenses may be allowable as a deduction from your annual income. Eligible expenses include childcare costs, payments on outstanding medical bills, medical insurance premiums, cost of assistive devices, cost of attendant care and any other medical and dental costs NOT covered by an outside source; e.g. insurance, Medicare, state agency or charitable organization.

	Do you expect to incur any of the following expenses:	Yes	No	Monthly Amount
1	Childcare which enables you or another household member to work, go to school or to seek employment			
2	Attendant care for a handicapped or disabled household member?			
3	Medicare premiums?			
4	Other medical insurance premiums?			
5	Outstanding medical bills on which you are currently paying?			
6	Cost of assistive devices for handicapped or disabled household member?			
7	Drug cost not covered by insurance?			
8	Do you receive medical assistance through the Public Assistance Program?			
9	Do you expect to have any additional medical expenses during the next twelve (12) months, i.e. glasses, dental, hearing aid batteries? If Yes, explain: _____ _____			

Question #	Family Member	List Name AND Address of Service Provider, Day Care Center, Insurance Company, Doctor, etc. (Use back of page for extra space)

SIGNATURES

I (we) certify this housing is/will be my (our) permanent residence.
I (we) do/will not maintain a separate subsidized rental unit in a different location.
I (we) certify all household and income information is correct.

WARNING: SECTION 1001 OF TITLE 18 OF THE UNITED STATES CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL, FALSE STATEMENTS OR MISREPRESENTATION OF ANY MATERIAL FACT INVOLVING THE USE OR OBTAINING OF FEDERAL FUNDS.

ALL HOUSEHOLD MEMBERS AGE 18 OR OLDER MUST SIGN BELOW

Applicant Signature _____ Date _____
Applicant Signature _____ Date _____
Applicant Signature _____ Date _____
Applicant Signature _____ Date _____

The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service that the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age and disability are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race, ethnicity and sex of individual applicants on the basis of visual observation or surname.

Ethnicity
Hispanic or Latino _____
Not Hispanic or Latino _____

Race (Mark one or More)

- 1. American Indian/Alaska Native _____
- 2. Asian _____
- 3. Black or African American _____
- 4. Native Hawaiian or Other Pacific Islander _____
- 5. White _____

Gender: _____ Male _____ Female

“The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or a part of an individual’s income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA’s TARGET Center at (202) 720-2600 (voice and TDD).

To file a complaint of discrimination write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider, employer, and lender.”

DEDUCTION QUESTIONNAIRE CERTIFICATION

Circle Y (yes) or N (no) for each statement.

- Y N 1. Do you have childcare expenses for your children 12 and under?
Name of Provider: _____ Phone #: _____
- Y N 2. Are you receiving assistance to help pay for your childcare expenses?
From whom?: _____ Phone #: _____
- Y N 3. Are you or your spouse elderly (over 62) and/or do you or your spouse qualify
for the \$400 deduction available to residents with a handicap or disability?

If your answer to #3 is NO, Stop Here.

Do you have:

- Y N 4. Medical Insurance Premiums?
Name of Company: _____ Subscriber #: _____
- Y N 5. Outstanding medical bills or medical bills anticipated in the next 12 months?
Name of Doctor/Clinic/Hospital: _____
- Y N 6. Prescriptions? Name of Pharmacy: _____ Phone #: _____
- Y N 7. Are you reimbursed for prescriptions through your insurance?
- Y N 8. Are you reimbursed for prescriptions through any other agency/organization?
- Y N 9. Other? (Hearing Aid, Glasses, Ambulance, Dental, etc.) List: _____
- Y N 10. Do you pay expenses for the care of a disabled family member while you work?
Include expenses that allow a disabled adult to work.
Paid to whom? _____

I hereby certify that the information above is true and complete to the best of my knowledge.

Applicant/Resident Signature

Applicant/Resident Signature

Print Name

Print Name

Date

Date

THIS IS AN EQUAL OPPORTUNITY INSTITUTION

MARITAL STATUS FORM

(The use of white out, black out, or alteration of original information will void this document.)

Project Name:		IFA Project #		Date:	
Applicant/Tenant:		SSN:		Apt. #:	

Married Single Divorced Widow Separated

If divorced, please attach a copy of the recorded legal agreement.

Y N A.) Are you legally separated from your spouse?
If “Yes”, please attach a copy of your current legal separation agreement.

If “No”, please continue with questions b, c, and d.

B.) My reasons for not pursuing legal action are:

C.) My future plans for pursuing legal action are:

D.) I currently receive \$_____ per week month year from my spouse for Spousal Support. Please list all assets currently in both names (checking account, savings account, real estate, etc.).

I will report any and all changes to my living situation. This includes, but is not limited to, changes in my income, household composition and marital status. I will not allow my spouse or other individuals to move into my apartment without prior written approval from management. I understand that if I do, this will be a breach of my lease agreement and may be considered ‘other good cause’ for eviction.

Applicant/Tenant Signature

Date

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.

AUTHORIZATION FOR RELEASE OF INFORMATION FORM

TO: (Name and address) _____ DATE: _____

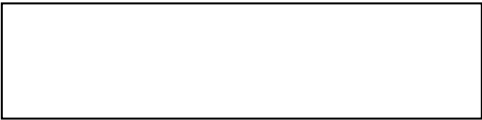
PHONE _____
FAX _____

Applicant/Participant Name: _____ Social Security # _____

The individual named directly above is an applicant/tenant of the Federal Housing Tax Credit Program. Federal regulations require that we must verify income in order that the anticipated gross income for the next twelve months may be calculated. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and would be greatly appreciated.

Sincerely, _____

Project Owner/Management Agent



RETURN THIS FORM TO:

AUTHORIZATION:

I/We hereby authorize release of any information requested by _____
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.

This institution is an equal opportunity provider.

STUDENT STATUS SELF AFFIDAVIT

(The use of white out, black out, or alteration of original information will void this document.)

Project Name:		IFA Project #		Date:	
Applicant/Tenant:		SSN:		Apt. #:	

Check all that apply:

- I am currently a student. List name of educational institution: _____
 Full-time
 Part-time
- I have been a student during the current calendar year. List name of educational institution: _____
 Full-time
 Part-time
- I plan on becoming a student in the next 12 months. List name of educational institution: _____
 Full-time
 Part-time
- I have not been a student in the current year and do not expect to become a student in the next 12 months.

I certify that the information and statements provided above are true and complete to the best of my knowledge and belief. I consent to release the information in order to qualify for IRC §42 Low Income Housing Credit Program. I understand that providing false information or making false statements may be grounds for denial of my application and may subject me to criminal penalties. I understand applicants/residents must be eligible for the IRC §42 Low Income Housing Credit Program.

Applicant/Tenant Signature

Date

Print Name

Phone Number

Subscribed and sworn to me this _____ Day of _____, 20_____

(SEAL)

Notary Public

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