

Please note: Each adult 18 years of age and older needs to complete a separate application unless a married couple.

		APPLICANT I	NFORMATION			
Name:		,				le Initial
S	Last	First				
Spouse:	Last		Midd	le Initial		
Current Address:	Street	State	7:			
Telephone:	0.1001		City		State	Zip
•						
		HOUSEHOLD				unamentu nove usus usus
Please list all informa	ation for ALL household member		nit, including your:			
Name	e (First, MI, Last)	Relationship to Head of Household	Male/Female (Optional)	LAST FOUR DIGITS - Social Security Number	Date of Birth (MM/DD/YYYY)	Student? If yes, FT or PT
		Head of Household		-		
Will any of the above Will any other persons	hange in household composition household members live anyw is live in the apartment on a less the household have a need for	here except in the apartm s than full-time basis?	nent?	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No		
	y of the above, please explain:				a res a rec	
		EMERGENCY CONTA	ACT INFORMAT	TION		
Name of Primary Cont	tact: Last		First		Middle 1	
Current Address:	1.00		1 113(		Middle II	nttai
Phone Number:	Street		City		State	Zip
THORE NUMBER	Daylime		Evening	<del>111</del>		
Name of Secondary C	ontact: Last		First		Middle Ir	nitial
Current Address:	Street		City		State	Zip
Phone Number:	Daytime					
	Dayune		Evening			





Place inch	do the provious tw	12) vacan of so	ntal I bassis sti	HOUSING					
Present Re		□ Rent	Own	Other			lease attach a separate s	heet.	
	orderioc.	L Neste	D OWN	LI Other	IVIOLITI	ny Amoun	ι ֆ		
Landlord's	Name:								
Landlord's	Address:								
	21.2	Street			City			State	Zip
Landlord's	l elephone:					Dates of	Occupancy:	to	
Reason for	moving:	***************************************							
Previous R	esidence:	□ Rent	□ Own	□ Other	Monthl	ly Amount	\$		
Landlord's N	lame:				***************************************				
Landlord's A	ddenas								
Landiold S P	address.	Street	****		City			State	Zip
Landlord's T	elephone:					Dates of	Occupancy:	to	
Reason for r	novina:								
					V. (011)))(024)				
Have you ev	er been evicted?	☐ Yes	□ No If y	es, please explair	·	***************************************			
					***************************************				
			VEH	ICLE / DRIVER	INFORM	ATION			
Vehicle #1:	Year	Make		Model		***************************************	Color		
	License Plate _			C: .					
Vehicle #2:	Year	202100		State_					
		Make							
				Model			Color		
				Model			Color		
				Model			Color		
Have you or a	License Plate _			StateOTHER INFO	RMATION	1	Color		
Have you or a	License Plate _			StateOTHER INFO	RMATION	1	Color		
Have you or a	License Plate _		d any name(s)	State _ OTHER INFO	RMATION Number(s	<b>)</b> ) other tha	Color	ently using? □ Yes	
Do you have	License Plate _	ember ever use □ Yes □ No	ed any name(s) o	State _ OTHER INFO	RMATION Number(s	<b>)</b> ) other tha	Color	ently using? □ Yes	
Do you have	any other adult me If yes, explain _ any pets? I	ember ever use	od any name(s) of the state of any drug	State _ OTHER INFO	RMATION Number(s	<b>)</b> ) other tha	Color	ently using? □ Yes	
Do you have Has any hous	any other adult me If yes, explain _ any pets? I	ember ever use □ Yes □ No ver been convic explain	od any name(s) of the second of any drug	State OTHER INFO or Social Security It kind and size offense?	RMATION Number(s	<b>)</b> ) other tha	Color	ently using? □ Yes	
Do you have Has any hous	any other adult me If yes, explain _ any pets? I ehold member ev If yes, who and ehold member ev	ember ever use  Yes No ver been convice explain	of any name(s) of the second of any drug	State OTHER INFO or Social Security It kind and size offense?	RMATION Number(s	N ) other tha □ No	Color	ently using? □ Yes	
Do you have Has any hous	any other adult me If yes, explain _ any pets? I ehold member ev If yes, who and ehold member ev	ember ever use  Yes No ver been convice explain er been convice explain	of any name(s) of the second of any drug ted of a criminal	Model State OTHER INFO or Social Security It kind and size offense?	RMATION Number(s	N ) other tha □ No	Color	ently using? □ Yes	
Do you have that any hous has any hous Are you or any	any other adult me If yes, explain _ any pets? I ehold member ev If yes, who and ehold member ev	ember ever use  Yes No ver been convic explain ver been convic explain	of any name(s) of any drug ted of a criminal state or federal	OTHER INFO	RMATION Number(s	) other tha	Color	ently using? □ Yes	





Cocupation / Title:  Average Hours worked / week  Do you receive any commissions, tips, or bonuses at this job?   Yes   No   If yes, average OT hours per week   Department	EMPLOYMENT INFOR	MATION
Employer's Address: Steet	Include all current employers. If more space is needed, attach a separate sheet.	
Seet	Present Employer:	
Average Hours worked / week  Do you work overtime at this job?   Yes   No   If yes, average OT hours per week   Imonth   Oquarter	Employer's Address: Street City	State Zip
Average Hours worked / week  Do you receive any commissions, tips, or bonuses at this job?   Yes   No   If yes, awarage OT hours per week	Employer's Telephone:	0.0000000000000000000000000000000000000
Do you work overtime at this job?	Occupation / Title:	Salary: \$/ □hour □week □month □year
Do you receive any commissions, tips, or bonuses at this job?	Average Hours worked / week	
Second Employer:  Employer's Address:  Street	Do you work overtime at this job? ☐ Yes ☐ No	If yes, average OT hours per week
Employer's Address:  Steet Cty Dates of Employment: to Date of Employment: To Date of Employment: To Date of Employment: To Date of Employment: To Dates of Employment: To Date of Employment: To Dat	Do you receive any commissions, tips, or bonuses at this job? ☐ Yes ☐ No	If yes, amount \$/ □hour □week □month □quarter □year
Employer's Telephone:    Dates of Employment:	Second Employer:	
Occupation / Title:    Salary \$	Employer's Address: Street City	State Zip
Average Hours worked / week	Employer's Telephone:	Dates of Employment: to
Do you work overtime at this job?	Occupation / Title:	Salary: \$/ □hour □week □month □year
Do you receive any commissions, tips, or bonuses at this job?   Yes   No   If yes, amount \$/	Average Hours worked / week	
Spouse's Employer:  Employer's Address:  Street  City  State  Zip  Employer's Telephone:  Dates of Employment:  to  Occupation / Title:  Salary:  Salary:  Average Hours worked / week  Do you work overtime at this job?  Dates of Employment:  If yes, average OT hours per week  STUDENT STATUS  Are there any adult family members who are full-time or part-time students?  If yes, list whom and status (PT/FT)  Are there any adult family members who will become full-time or part-time students during the next 12 months?  If yes, list whom and status (PT/FT)  If there are adult students in your household, how is tuition being paid?	Do you work overtime at this job? ☐ Yes ☐ No	If yes, average OT hours per week
Employer's Address:  Street  City  State Zip  Dates of Employment: to  Occupation / Title:  Salary:  Average Hours worked / week  Do you work overtime at this job?  Do you receive any commissions, tips, or bonuses at this job?  STUDENT STATUS  Are there any adult family members who are full-time or part-time students?  If yes, list whom and status (PT/FT)  Are there are adult students in your household, how is tuition being paid?	Do you receive any commissions, tips, or bonuses at this job? ☐ Yes ☐ No	If yes, amount \$/ □hour □week □month □quarter □year
Street City State Zip  Employer's Telephone: Dates of Employment: to  Occupation / Title: Salary: \$ / Dhour Dweek Dmonth Dyear  Average Hours worked / week  Do you work overtime at this job? Pes No If yes, average OT hours per week  Do you receive any commissions, tips, or bonuses at this job? Pes No If yes, amount: / Dhour Dweek Dmonth Dquarter Dy  STUDENT STATUS  Are there any adult family members who are full-time or part-time students? Pes No  If yes, list whom and status (PT/FT)  Are there any adult family members who will become full-time or part-time students during the next 12 months? Pes No  If yes, list whom and status (PT/FT)  If there are adult students in your household, how is tuition being paid?	Spouse's Employer:	
Occupation / Title:    Salary: \$   /		State Zip
Average Hours worked / week	Employer's Telephone:	Dates of Employment: to
Do you work overtime at this job?	Occupation / Title:	Salary: \$/ □hour □week □month □year
STUDENT STATUS  Are there any adult family members who are full-time or part-time students?	Average Hours worked / week	
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If yes, list whom and status (PT/FT)		
Are there any adult family members who will become full-time or part-time students during the next 12 months?   Yes No  If yes, list whom and status (PT/FT)  If there are adult students in your household, how is tuition being paid?		□ Yes □ No
If yes, list whom and status (PT/FT)		rring the payt 12 months?
If there are adult students in your household, how is tuition being paid?		AND THE PROPERTY OF THE PROPER
Student Name School Student Name School	Student Name School Studen	nt Name School





## BENEFIT INCOME

Please list the total benefit income of all household members.

If a divorce decree, separation agreement, or court order exists, but payments are not received, list the amount ordered by the document

Benefit Type	Received?	Household Member receiving benefit	Gross Benefit Amount	Time Period (per week, month, etc.)
Social Security (Adult)	Yes No			
Social Security (Child)	Yes No			
SSI (Adult)	Yes No			
SSI (Child)	Yes No			X
Disability or Death Benefits	Yes No			
Public Assistance (AFDC, TANF)	Yes No			
Alimony	Yes No			
Child Support	Yes No			

## OTHER INCOME

Does any member of the household have income from any of the following? If yes, state the amount, frequency, and the household member who receives the income.

Benefit Type	Received?	Household Member receiving benefit	Gross Income Amount	Time Period (per week, month, etc.)
Self Employment Income	Yes No			
Recurring cash or gift payments, including rent, utility, diapers, etc.	Yes No			
Worker's Compensation	Yes No			
Unemployment Benefits	Yes No			
Military/Reserves/National Guard Pay	Yes No			
Retirement Benefits	Yes No			
Pension Benefits	Yes No			
GI Bill Benefits	Yes No			
Periodic Payments from Lottery Winning	Yes No			
Regular Payments from Trust Account	Yes No			
Other	Yes No			





## ASSET INFORMATION

Does any member of the household own any of the following types of assets?

Asset	Own?	Household Member who owns asset	Current Balance	Interest Rate (If applicable)	Bank / Institution
Checking Account	Yes No		(average 6 month balance)		
Savings Account	Yes No				
Stocks / Bonds	Yes No				
Treasury Bills	Yes No				
Certificate of Deposit	Yes No				
Rental Property	Yes No				
Real Estate / Mortgage / Mobile Home	Yes No				
Safe Deposit Box	Yes No				
Deeds or Trusts	Yes No				
Annuities	Yes No	,			
IRA or Keogh	Yes No				
Personal Property (held for investment purposes)	Yes No				
Life Insurance Policy (not Term)	Yes No				***************************************
Pre-Paid Debit Card	Yes No				100000000000000000000000000000000000000
Cash on Hand	Yes No				
Other	Yes No				**************************************

					The same of the sa	
Has any household member given awa	y / sold any of th	ne above assets at less that	n fair market value during	the past two years?	□Yes	□ No
If yes, when and explain						





#### **CONSENT / SIGNATURES**

I/WE authorize the release of information from the persons / companies required for verification in order to complete my application for residency

I/WE understand that the agent or owner shall have all rights to review my credit information, criminal record, rental application, payment history, and occupancy history for review purposes

I/We understand that past or current information about me may be required at any time. Verifications and inquiries that may be requested include, but are not limited to personal identity, employment, student status, income, assets, medical allowances, alimony, child support, and utility history understand that this authorization cannot be used to obtain information about me that is not regarding my eligibility as a qualified resident under the LIHTC Program.

The groups/individuals that may be asked to release the above information include, but are not limited to:

Past and Present Employers Banks and Financial Institutions State Unemployment Agencies Social Security Administration Public Housing Agencies Educational Institutions Support and Alimony Providers Veterans Administration Retirement Systems Previous Landlords Welfare Agencies Medical / Child Care Providers

I/WE agree that a photocopy or fax of this authorization may be used for the purposes stated above

SIGNATURES

Applicant:	Spouse:
Signature	Signature
Printed Name	Printed Name
Date	Date

Please note: Each adult 18 years of age and older needs to complete a separate application unless a married couple

PENALTIES FOR MISUSING THIS CONSENT: Title 18, Section 1001 of the US 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 and any owner (or employee of HUD 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 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 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

#### DO NOT WRITE BELOW THIS LINE - MANAGEMENT USE ONLY

30.00			
Application			
Approved:		By:	
	Date		Signature
Declined:		By	
	Date		Signature
Reason			

