



Tax Credit Tenant Housing Application

Initial Recertification

HOUSEHOLD INFORMATION: Complete the following information for each household member who will be living in the unit. Be sure to include any temporarily absent family members (such as military or student who will be returning to the household) and any unborn children. Each household member age 18 years or older must sign this application.

NAME (first, middle initial, last)	RELATIONSHIP TO HEAD OF HOUSEHOLD	* WILL THIS PERSON BE A STUDENT DURING THIS AND/OR THE NEXT CALENDAR YEAR? YES / NO	SOCIAL SECURITY NUMBER	BIRTHDATE (month, day, year)
1	HEAD			
2				
3				
4				
5				
6				

*Include public and private elementary, junior & senior high, college, university, technical, trade, and mechanical schools. Do not include on-the-job training courses.

APPLICANT # 1 – Head of Household Email address _____

Name: _____

Current Address: _____ City _____ State _____ Zip _____

Daytime Phone: (____) _____ Evening Phone: (____) _____

Driver's License or State ID Number: _____ Issue State: _____

APPLICANT # 2 – Co-head of Household Email address _____

Name: _____

Current Address: _____ City _____ State _____ Zip _____

Daytime Phone: (____) _____ Evening Phone: (____) _____

Driver's License or State ID Number: _____ Issue State: _____



MISCELLANEOUS: The Following questions pertain to yourself and every member of your household who will occupy the unit. Check either YES or NO in response to each question. Add an explanation for all items answered yes.

YES NO

1. **Does your household have any needs that might be better served by a unit which is accessible to persons with mobility, hearing or visual impairment?**
If yes, features needed: _____

2. **Will anyone in the household require a live-in attendant?**
If yes, name of attendance & relationship: _____

3. **Do you expect any additions to the household within the next 12 months?**
If yes, name & relationship: _____
Explain: _____

4. **Do you have any pets?** If yes, description: _____

5. **Have you ever filed for bankruptcy?**
If yes, explain: _____

6. **Have you ever been arrested for a crime against a person or property, misdemeanor, or felony?** If yes, explain: _____

7. **Have you ever been evicted from tenancy?**
If yes, explain: _____

8. **Have you ever willfully or intentionally refused to pay rent when due?**
If yes, explain: _____



YES NO

9. Does any adult member of the household have zero income?
If yes, name: _____

10. Will any household member, including children, live in the unit on a less than full time basis? If yes, explain: _____

11. Are you currently receiving Rent Assistance?
If yes, certificate: _____ Voucher: _____

Source: City State Federal Your portion: \$ _____
Agency Name: _____ Contact Person: _____

HOUSING REFERENCES: List the past THREE years of housing references beginning with your CURRENT address. (If additional space is required, use the back of this page.)

	LANDLORD'S OR MORTGAGEE'S NAME/ADDRESS	YOUR ADDRESS	OWN / RENT	DATES
CURRENT	1. _____ _____ _____ Phone: () _____	_____ _____ _____ _____	Own 0 Rent 0	FROM _____ TO _____
PAST	2. _____ _____ _____ Phone: () _____	_____ _____ _____ _____	Own 0 Rent 0	FROM _____ TO _____
PAST	3. _____ _____ _____ Phone: () _____	_____ _____ _____ _____	Own 0 Rent 0	FROM _____ TO _____

VEHICLE IDENTIFICATION:

1. License Plate # _____ State Issued: _____ Make / Model / Year: _____

2. License Plate # _____ State Issued: _____ Make / Model / Year: _____

PERSONAL REFERENCE: List the name/address of a personal reference other than a relative.

Name: _____

Current Address: _____ City _____ State _____ Zip _____

Daytime Phone: (_____) _____ Evening Phone: (_____) _____

Relationship: _____ Years Known: _____

EMERGENCY CONTACT: LIST SOMEONE NOT LISTED ON THIS APPLICATION.

Name: _____

Current Address: _____ City _____ State _____ Zip _____

Daytime Phone: (_____) _____ Evening Phone: (_____) _____

Relationship: _____ Years Known: _____



HOUSEHOLD INCOME INFORMATION: LIST CURRENT AND ANTICIPATED INCOME FOR THE TWELVE-MONTH PERIOD BEGINNING ON YOUR ANTICIPATED MOVE-IN DATE OR EFFECTIVE DATE OF RECERTIFICATION. **INCLUDE ALL FULL TIME, PART TIME OR SEASONAL INCOME EVEN IF YPU ARE COMPLEETING THIS APPLICATION IN THE OFF SEASON.** YOUR INCOME WITH BE VERIFIED WITH THIRD PARTY VERIFICATION.

Answer Yes or No to the following questions.

Do YOU or does ANYONE in your household receive OR expect to receive income from:

YES NO

1. Employment wages or salaries?

Current Employment Information:

APPLICAN T #	CURRENT EMPLOYER NAME & ADDRESS	PHONE	SALARY	YEARS EMPLOYED
1				
2				
3				

YES NO

2. Is any member self-employed or work for someone who pays them in cash?

SOURCE	HOUSEHOLD MEMBER	\$ AMOUNT
_____	_____	_____
_____	_____	_____

3. Regular pay as a member of the Armed Forces?

SOURCE	HOUSEHOLD MEMBER	\$ AMOUNT
_____	_____	_____

4. Unemployment benefits or workman's compensation?

SOURCE	HOUSEHOLD MEMBER	\$ AMOUNT
_____	_____	_____
_____	_____	_____

5. Public Assistance, General Relief, or Aid to Families with Dependent Children

SOURCE	HOUSEHOLD MEMBER	\$ AMOUNT
_____	_____	_____



- | | | | |
|--------------------------|--------------------------|---|------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Child support or alimony? (Any AWARDED amounts collected or not collected) | \$ AMOUNT |
| | | SOURCE | HOUSEHOLD MEMBER |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Social Security or any other payments from the Social Security Admin? | \$ AMOUNT |
| | | SOURCE | HOUSEHOLD MEMBER |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Payments from Veteran's benefits, pensions, retirement benefits or annuities? | \$ AMOUNT |
| | | SOURCE | HOUSEHOLD MEMBER |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Severance payments? | \$ AMOUNT |
| | | SOURCE | HOUSEHOLD MEMBER |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Regular payments from settlements, inheritance or lottery winnings? | \$ AMOUNT |
| | | SOURCE | HOUSEHOLD MEMBER |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. Disability benefits, death benefits, or life insurance dividends? | \$ AMOUNT |
| | | SOURCE | HOUSEHOLD MEMBER |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. Regular gifts or payments from anyone outside of the household? (this includes anyone supplementing your income or paying any of your bills) | \$ AMOUNT |
| | | SOURCE | HOUSEHOLD MEMBER |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. Educational grants, scholarships, or other student benefits? (not including loans) | \$ AMOUNT |
| | | SOURCE | HOUSEHOLD MEMBER |
| <input type="checkbox"/> | <input type="checkbox"/> | 14. Payments from rental property, land contracts, or other forms of real estate? | \$ AMOUNT |
| | | SOURCE | HOUSEHOLD MEMBER |
| <input type="checkbox"/> | <input type="checkbox"/> | 15. Any other income sources or types not listed? | \$ AMOUNT |
| | | SOURCE | HOUSEHOLD MEMBER |



ASSET INFORMATION: DOES ANY HOUSEHOLD MEMBER (INCLUDING CHILDREN) HAVE MONEY HELD IN:

YES NO

1. Checking accounts?

NAME OF INSTITUTION	HOUSEHOLD MEMBER	\$ AMOUNT	ACCOUNT #
_____	_____	_____	_____
_____	_____	_____	_____

2. Savings accounts?

NAME OF INSTITUTION	HOUSEHOLD MEMBER	\$ AMOUNT	ACCOUNT #
_____	_____	_____	_____
_____	_____	_____	_____

3. CDs, money market accounts, or treasury bills?

SOURCE	HOUSEHOLD MEMBER	\$ AMOUNT	ACCOUNT #
_____	_____	_____	_____
_____	_____	_____	_____

YES NO

4. Stocks, bonds, or securities?

SOURCE	HOUSEHOLD MEMBER	\$ AMOUNT	ACCOUNT #
_____	_____	_____	_____
_____	_____	_____	_____

5. Trust funds, 401K, 403B? (Include Trusts, 401K, 403B, only if the accounts are accessible to the household prior to termination of employment, retirement, or death. If you are insured, list the account and it will be verified.)

SOURCE	HOUSEHOLD MEMBER	\$ AMOUNT	ACCOUNT #
_____	_____	_____	_____
_____	_____	_____	_____

6. Pensions, Annuities, IRAs, KEOGH,) or other retirement accounts?

(Include 401K, 403B, only if the accounts are accessible to the household prior to termination of employment, retirement, or death. If you are insured, list the account and it will be verified.)

SOURCE	HOUSEHOLD MEMBER	\$ AMOUNT	ACCOUNT #
_____	_____	_____	_____
_____	_____	_____	_____

7. Whole Life Insurance Policies? (DO NOT INCLUDE TERM LIFE INSURANCE)

TYPE	HOUSEHOLD MEMBER	VALUE
_____	_____	_____
_____	_____	_____

YES NO

8. **Lump sum payments from insurance settlement, inheritance or lottery winnings, capital gains?**
SOURCE _____ HOUSEHOLD MEMBER _____ \$ AMOUNT _____
9. **Real estate, rental property, land, contract for deed, other real estate holdings?**
(personal residence, mobile homes, vacant land, farms, vacation homes or commercial property)
TYPE _____ HOUSEHOLD MEMBER _____ VALUE _____
10. **Personal property as an investment?**
TYPE _____ HOUSEHOLD MEMBER _____ VALUE _____
11. **A safe deposit box containing money?**
Household Member: _____ Amount: _____
12. **Have you or any household member disposed of or given away any asset(s) for LESS than fair market value within the past 2 years?**
Household Member: _____ Amount: : _____
Explanation: _____
13. **Any other assets not listed?**
SOURCE _____ HOUSEHOLD MEMBER _____ \$ AMOUNT _____
14. **Is combined cash value of all household assets under \$5000?**

REFERRAL (FOR INITIAL APPLICATIONS ONLY):

How were you referred to Villas and Townhomes by Mary T.? _____



