



WELCOME TO YOUR NEW APARTMENT HOME!

B/R Size:	Tent M/I Date:	Traffic Source:	Date App. Received:
Rent \$	App Fee: \$	Deposit Paid: \$	App. Date: Agent:

APPLICATION FOR LIHTC / SECTION 8 ASSISTED 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

PLEASE PRINT

Name <small>LAST, FIRST, M/I (Jr, Sr, Etc.)</small>	Relation to Head of Household	Sex M/F	Social Security	Is this Person		Age	Birth Date Month/Day/Year	List ALL States Ever Lived In
				A Student?				
	SELF			YES	NO			
				YES	NO			
				YES	NO			
				YES	NO			
				YES	NO			
				YES	NO			
				YES	NO			

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

Will this be your only (sole) household? Yes _____ No _____

Are you currently receiving Section 8 assistance? Yes _____ No _____ If yes, Property Based Sec. 8 _____ or Housing Voucher? _____

RESIDENCE HISTORY

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

CURRENT ADDRESS & PHONE #	LANDLORD or MORTGAGE NAME & ADDRESS	MONTHLY PYMT	OCCUPANCY DATES
		Rent \$	From:
City:		Mortgage \$	To:
State, Zip:	City, State, Zip:	Applicant Email:	
Phone#	Phone#		
PREVIOUS ADDRESS	LANDLORD or MORTGAGE NAME & ADDRESS	MONTHLY PYMT	OCCUPANCY DATES
		Rent \$	From:
City:		Mortgage \$	To:
State, Zip:	City, State, Zip:		
Phone#	Phone#		

EMERGENCY CONTACT INFORMATION

NAME	ADDRESS	PHONE	RELATIONSHIP
1.			
2.			

VEHICLE INFORMATION

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

ADDITIONAL INFORMATION

	YES	NO
Are you or any household member listed above currently using an illegal substance or have a pattern of alcohol abuse?		
Have you or any household member listed above ever been convicted of a felony? If yes, describe:		
Is any household member listed above subject to a registration requirement under a state sex offender registration program? If so, please list the household member's name here:		
Have you or any household member listed above ever been evicted or foreclosed from any housing? If yes, describe:		
Have you or any household member listed above ever filed for bankruptcy? If yes, describe:		
Is any member of the household listed above disabled?		
If yes, does this household member require any accommodations?		

STATEMENT OF ANTICIPATED INCOME: For the next 12 months

<input type="checkbox"/> YES	<input type="checkbox"/> NO		ESTIMATED AMOUNT RECEIVED ANNUALLY	OCCUPANT NAME RECEIVING These FUNDS
_____	_____	Do you or anyone household member <u>RECEIVE</u> or expect to receive <u>INCOME</u> from:		
_____	_____	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.....	\$ _____	_____

For any income received above how is the money received? (Circle all that apply) Direct Deposit Pre-Paid Debit Card Mail/Paper Check In Cash

STATEMENT OF ASSET INFORMATION:

Does any member of the household have assets owned jointly with any person who is not listed above? Yes _____ No _____

If Yes, Describe: _____

Do you or any household member listed above 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, victim's 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:

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:

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?

PET & ASSISTANCE ANIMALS

Please review the property pet/assistance animal rules. The presence of any animal must be approved before the animal is allowed to be kept in the unit.

Do you plan to house an Animal? YES _____ NO _____ If Yes, Provide the following information:

Animal Type <i>(dog, cat, turtle, etc.)</i>	Breed <i>(if applicable)</i>	Weight (at full grown)	Is the animal required to alleviate the symptom(s) of a disability? Yes or No

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.

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 UNDERSTAND THAT SCREENING WILL BE COMPLETED BY CORELOGIC IN ACCORDANCE WITH TENANT SELECTION PLAN. 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 _____



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