



## APPLICATION FOR HOUSING

*Complete one application per adult household member who will occupy the unit at time of move-in.*

Property Name:		IFA Project Number:
Address:		

For Office Use Only:	Application Date		Desired Move-in Date:		Pre-Application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Date Received:		Time Received:	Received by (agent):	Initial App <input type="checkbox"/>	Recert App <input type="checkbox"/>

Bedroom Size Requested:  1  2  3  4

\_\_\_\_\_  
Applicant Name MI Last

\_\_\_\_\_  
Current Address City State Zip Code Telephone Number

### HOUSEHOLD COMPOSITION

*Provide your name and relation to the Head of the Household. Please also list any minor dependents under the age of 18 for whom you are individually responsible. Head of Household should list minors where two or more household members are jointly responsible.*

Member Full Name	Relationship to Head of Household	Date of Birth	Age	Gender	Optional			Current Student Yes or No	Marital Status	Last 4 digits of SSN#
					Race	Ethnicity	Disabled			
1.										
2.										
3.										
4.										

**Relationship to HOH:** H-Head; S-Spouse; A-Adult co-tenant; O-Other family member; C-Child; F-Foster children; L-Live-in caretaker; or N-None of the above

**Gender:** M –Male; F –Female NR –chose not to respond

**Marital Status:** M-Married; S-Single; D-Divorced; SP-Separated; W-Widowed

**Race:** 1-White; 2-Black/African American; 3-American Indian/Alaska Native; 4-Asian; 5-Native Hawaiian/Other Pacific Islander; 6 –Other; or 8 –Chose not to respond

**Ethnicity:** 1-Hispanic or Latino; 2-Not Hispanic or Latino; 3 –Chose not to respond

**Disabled:** 1-Yes; 2-No; NR -chose not to respond -. See Fair Housing Act for definition of handicap (disability)

[http://www.fairhousing.com/index.cfm?method=page.display&pagename=regs\\_fhr\\_100-201](http://www.fairhousing.com/index.cfm?method=page.display&pagename=regs_fhr_100-201)

**QUESTIONS** – Please check **YES** or **NO** to each question. If you respond “Yes” to any question, please provide a brief explanation in the space provided below. You may be required to supply additional documentation to verify your response.

1. Do you expect any additions to the household within the next 12 months?  Yes  No

If Yes, explain: \_\_\_\_\_

2. Is there anyone living with you now who won't be living with you at this property?  Yes  No

If Yes, explain: \_\_\_\_\_

3. Do you have any minor children?  Yes  No

4. Are there any absent household members who normally would live with you?  Yes  No

If Yes, explain: \_\_\_\_\_

5. Do any of the following statements apply to you:

6. I have filed for bankruptcy  Yes  No

7. I have been convicted of a felony  Yes  No

8. I have been convicted for dealing or manufacturing illegal drugs  Yes  No

9. I have been convicted of property damage  Yes  No



10. I have been evicted from a rental unit (including an apartment, home, mobile home or trailer)  Yes  No
11. Have you been a student in the past 12 months?  Yes  No
12. Are you currently a student or do you plan to become a student in the next 12 months?  Yes  No
13. Will you or anyone in your household require a live-in care attendant?  Yes  No
14. Will your household be receiving Section 8 rental assistance at the time of move-in?  Yes  No
15. Will your household be eligible or are you applying to receive Section 8 rental assistance in the next 12 months?  Yes  No

\_\_\_\_\_  
Name of Current Landlord

\_\_\_\_\_  
Phone Number

How long have you resided at your current address? \_\_\_\_\_ Years \_\_\_\_\_ Months Amt. of Rent/Payment: \$ \_\_\_\_\_

**PREVIOUS HOUSING STATUS** (Provide information on 2 previous addresses where you have resided)

_____ Previous Address	_____ City	_____ ST	_____ Zip Code
How long did reside at your this address?	_____ Years	_____ Months	Amt. of Rent/Payment: \$ _____
_____ Name of Previous Landlord	_____ Phone Number		

_____ Previous Address	_____ City	_____ ST	_____ Zip Code
How long did reside at your this address?	_____ Years	_____ Months	Amt. of Rent/Payment: \$ _____
_____ Name of Previous Landlord	_____ Phone Number		

**HOUSEHOLD INCOME INFORMATION (NOTE: All information will be verified by a third party)**

List your 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.

	DO YOU RECEIVE OR EXPECT TO RECEIVE	YES	NO	MONTHLY AMOUNT
1.	Social Security, SSI or other payments from the Social Security Administration	<input type="checkbox"/>	<input type="checkbox"/>	\$
2.	Employment pensions or retirement benefits, veteran's benefits or annuities	<input type="checkbox"/>	<input type="checkbox"/>	\$
3.	Employment wages or salaries (including overtime, bonuses, tips, commissions and cash)	<input type="checkbox"/>	<input type="checkbox"/>	\$
4.	Self-employment salaries (including overtime, bonuses, tips, commissions and cash)	<input type="checkbox"/>	<input type="checkbox"/>	\$
5.	Unemployment benefits or workman's compensation	<input type="checkbox"/>	<input type="checkbox"/>	\$
6.	Public assistance (General Relief, Aid to Families w/Dependent Children or other such support	<input type="checkbox"/>	<input type="checkbox"/>	\$
7.	Alimony or child support (either court ordered or paid directly from the payor)?	<input type="checkbox"/>	<input type="checkbox"/>	\$
8.	Regular payments from a severance package from a previous employer	<input type="checkbox"/>	<input type="checkbox"/>	\$
9.	Regular payments from any type of settlement (insurance settlement/award from lawsuit)	<input type="checkbox"/>	<input type="checkbox"/>	\$
10.	Regular payments as a member of the Armed Forces	<input type="checkbox"/>	<input type="checkbox"/>	\$
11.	Regular payments from disability, death benefits or life insurance dividends	<input type="checkbox"/>	<input type="checkbox"/>	\$
12.	Regular gifts or payments from anyone outside of the household (including cash or goods)	<input type="checkbox"/>	<input type="checkbox"/>	\$
13.	Regular payments from lottery winnings or inheritances	<input type="checkbox"/>	<input type="checkbox"/>	\$
14.	Regular payments from rental property (land contracts or other real estate transactions)	<input type="checkbox"/>	<input type="checkbox"/>	\$
15.	Educational grants, scholarships or other student benefits	<input type="checkbox"/>	<input type="checkbox"/>	\$
16.	Any other sources of income not listed	<input type="checkbox"/>	<input type="checkbox"/>	\$
17.	Do you expect any changes to your income in the next twelve months?	<input type="checkbox"/>	<input type="checkbox"/>	
	If Yes, Please explain: _____			
18.	If you have answered no to questions 1-17, Are you claiming that you have ZERO Income	<input type="checkbox"/>	<input type="checkbox"/>	

The following section must be completed for each income source listed as YES. If a household member has more than one source of income from the same question, use a separate line for each source. Failure to complete this area in its entirety will delay the process of the applicants' approval to live at this property. Please add an additional page if more room is needed.



Question #	SOURCE(S) OF INCOME: NAME OF EMPLOYER OR SOURCE OF FUNDS, START DATE, <u>AND</u> ADDRESS, PHONE & FAX NUMBERS (i.e. employers, public assistance office, social security, pension fund, etc.)					
	Name:				Address:	
	Start Date:		Phone:		Fax:	
	Name:				Address:	
	Start Date:		Phone:		Fax:	
	Name:				Address:	
	Start Date:		Phone:		Fax:	
	Name:				Address:	
	Start Date:		Phone:		Fax:	

**HOUSEHOLD ASSETS (NOTE: All information will be verified by a third party)**

	DO YOU HAVE MONEY HELD IN:	YES	NO	AMOUNT
1.	Checking accounts	<input type="checkbox"/>	<input type="checkbox"/>	\$
2.	Savings accounts	<input type="checkbox"/>	<input type="checkbox"/>	\$
3.	Certificates of deposit (CDs), money market accounts or treasury bills	<input type="checkbox"/>	<input type="checkbox"/>	\$
4.	Stocks, bonds, mutual funds or securities	<input type="checkbox"/>	<input type="checkbox"/>	\$
5.	Any capital gains (assets sold in excess of purchase price) during the previous 12 months	<input type="checkbox"/>	<input type="checkbox"/>	\$
6.	Trust Funds	<input type="checkbox"/>	<input type="checkbox"/>	\$
7.	IRA, KEOGH or other retirement accounts	<input type="checkbox"/>	<input type="checkbox"/>	\$
8.	Cash on hand over \$500 (other than money previously reported in checking or savings)	<input type="checkbox"/>	<input type="checkbox"/>	\$
9.	Real estate, rental property, (land contracts/contract for deed or other real estate holdings)	<input type="checkbox"/>	<input type="checkbox"/>	\$
10.	Have you sold, disposed or given away any property in the last two years? (i.e., charitable contributions > \$500)	<input type="checkbox"/>	<input type="checkbox"/>	\$
11.	Personal property held as an investment (such as paintings, coins, art work or antiques)	<input type="checkbox"/>	<input type="checkbox"/>	\$
12.	Whole or universal life insurance policies (not including term policies)	<input type="checkbox"/>	<input type="checkbox"/>	\$
13.	Pre-Paid Debit Card (Store Value/EBT Card/Reliacard)	<input type="checkbox"/>	<input type="checkbox"/>	\$
14.	A safe deposit box with a monetary content of \$500 or more	<input type="checkbox"/>	<input type="checkbox"/>	\$

The following section must be completed for each asset source listed as YES. If you have more than one source of asset from the same question, use a separate line for each source. Failure to complete this area in its entirety will delay the process of the applicants' approval to live at this property. Please add an additional page if more room is needed.

Question #	SOURCE(S) OF ASSETS: NAME OF INSTITUTION, ADDRESS, ACCOUNT NUMBER, INTEREST RATE & PHONE NUMBER/FAX NUMBER (i.e. employers, public assistance office, social security, pension fund, etc.)					
	Institution:				Address:	
	Account No.:		Interest Rate:		Phone:	
					Fax:	
	Institution:				Address:	
	Account No.:		Interest Rate:		Phone:	
					Fax:	
	Institution:				Address:	
	Account No.:		Interest Rate:		Phone:	
					Fax:	



If **Yes** was answered to Question 10, Please complete the following:

I/we certify that I/we  have or  have not sold or disposed of any asset 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.

Description	Assets Estimated Value	Date Sold / Disposed of	Amount Received
	\$		\$
	\$		\$

(Examples would include real estate sold for less than fair market rent or a sizeable charitable donation)

**APPLICANT RESPONSIBILITIES:**

*All Questions that were answered "Yes" will need to be verified through the appropriate third-party sources. It will be your responsibility to provide management will all the necessary information to properly process your application and in the future, to verify your on-going eligibility as required. You will be asked to provide the names, addresses, phone number and fax numbers, account numbers (where applicable) and any other information that may be necessary in order to expedite the verification process.*

*Upon review of the information management receives, you will be provided with a separate verification form for each source that requires verification that you will need to sign and date. You will not be asked to sign a blanket verification form nor will you be asked to sign any blank verification forms.*

**SIGNATURE:**

I understand that management is relying on this information to prove my household's eligibility which is required by the funding sources under which this property operates. I certify that all information and answers provided are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I further understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may also result in criminal penalties.

I consent to have management verify the information contained in this application for the purposes of proving my eligibility for occupancy. I also authorize (if required) management to perform a credit check and criminal background check for purposes of further proving my eligibility for occupancy. I will provide all necessary information and expedite this process in any way possible. I understand that my occupancy is also contingent on meeting management's resident selection criteria and other program requirements.

\_\_\_\_\_  
Applicant/Resident Signature

\_\_\_\_\_  
Date

**PROGAM INFORMATION:**

Would anyone in your household benefit from a wheelchair or other handicapped accessible unit?

\_\_\_\_\_ Yes \_\_\_\_\_No If yes, would you like to request an adapted unit? \_\_\_\_\_ Yes \_\_\_\_\_No

Do you have a pet?

\_\_\_\_\_ Yes \_\_\_\_\_No If yes, what type of pet do you have? \_\_\_\_\_

Do you have a service animal?

\_\_\_\_\_ Yes \_\_\_\_\_No If yes, what type of service animal do you have? \_\_\_\_\_

**TENANT INFORMATION:**

Email Address: \_\_\_\_\_

**Emergency Contact:**

List someone in the area that is not already a household member.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Email Address: \_\_\_\_\_



# Student Status Certification



<b>Property Name:</b>	
<b>Household Name:</b>	

**This page is to be used when qualifying households for eligibility with the LIHTC program (one document per household)**

Check A, B, C or D, as applicable (note that “student(s)” include those attending public or private elementary schools, middle or junior high schools, senior high schools, colleges universities, technical, trade, or mechanical schools, but does not include those attending on-the-job training courses):

- A.  Household contains at least one occupant who is not a student, has not been a student, and will not be a student during the current and/or upcoming calendar year. A student is defined as someone who attends school full time for any part of five or more months in a calendar year (months need not be consecutive). If this item is checked, no further information is needed.
- B.  Household contains all students, but the following occupant(s) is/are a part-time student(s). Documentation of part time student status is required for at least one member of the household.

	PT Student Name:
1.	
2.	
3.	
4.	

- C.  Household contains all full-time students for five or more months during the current and/or upcoming calendar year (months need not be consecutive). If this item is checked, questions 1-5, below must be completed:

1. Is at least one student receiving assistance under Title IV of the Social Security Act (known as TANF in Iowa –provide TANF award letter or 3<sup>rd</sup> party verification)?  (YES)  (NO)
2. Was at least one student previously under the care and placement responsibility of the state agency responsible for administering foster care? (provide documentation of participation)  (YES)  (NO)
3. Does at least one student participate in a program receiving assistance under the Job Training Partnership Act, Workforce Investment Act, or under other similar, federal, state or local laws? (attach documentation of participation)  (YES)  (NO)
4. Is at least one student a single parent with child(ren) and this parent is not a dependent of another individual and the child(ren) is/are not dependent(s) of someone other than a parent?  (YES)  (NO)
5. Are the students married and entitled to file a joint tax return (provide marriage certificate or tax returns)?  (YES)  (NO)

- D.  No member of this household has been a student during the current calendar year or plans on becoming a student in the current or upcoming calendar year.

Under penalty of perjury I certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understands that providing false information herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a Lease Agreement.

\_\_\_\_\_  
Applicant/Resident Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant/Resident Signature

\_\_\_\_\_  
Date

# General Authorization for Release of Information



**CONSENT** I authorize & direct any Federal, State or local agency, organization, business or individual to release to & verify my application for participation, and/or to maintain my continued assistance under the section 8, Rental Rehabilitation, Low-Income Public & Indian Housing, and/or other housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) or Rural Development in administering and enforcing programs, rules and policies. I also consent to release information from my file about my rental history and any violations of my lease or occupancy policies. I also consent to release information from my file about my rental history to credit bureaus, collection agencies or future landlords, including my payment history and any violations of my lease or occupancy policies.

**INFORMATION COVERED** I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested include but are not limited to:

Identity & Marital Status	Employment, Income & Assets
Medical or Child Care Allowances	Credit & Criminal Activity
Residences & Rental Activity	

**GROUP OR INDIVIDUAL THAT MAY BE ASKED** The groups or individuals that may be asked to release information (depending on program requirements) include but are not limited to:

Previous Landlords (Including Public Housing Agencies)	Past & Present Employers
Courts & Post Offices	Welfare Agencies
Schools & Colleges	State Unemployment Agencies
Law Enforcement Agencies	Social Security Administration
Medical & Child Care Providers	Support & Alimony Providers
Retirement Systems	Veterans Administration
Utility Companies	Banks & Other Financial Credit
Providers & Credit Bureaus	Intuitions: <b>Excludes</b>
	<b>authorization to charge for VOD's</b>

**CONDITIONS** I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file in the management office and will stay in effect for a year and one month from the date signed. I understand I have the right to review my file and correct any information that I can prove is incorrect.

\_\_\_\_\_  
Tenant/Applicant's Signature

\_\_\_\_\_  
Co-Tenant/Co-Applicant's Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Print Tenant/Applicant's Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Tenant/Applicant's Name

\_\_\_\_\_  
Date

Note: This general consent may not be used to request a copy of a tax return. If a copy of a tax return is needed, IRS form 4506, "request a copy of tax form" must be prepared and signed separately.

# UNEMPLOYED STATUS AFFIDAVIT

All adults who are unemployed should complete this form

Full Name: \_\_\_\_\_

I am currently unemployed: [ ] YES [ ] NO

I work on a seasonal basis depending on the time of year: [ ] YES [ ] NO

I receive benefit income such as unemployment, disability, workers compensation: [ ] YES [ ] NO

**[ ] If my employment status changes between now and the move in (or recertification) date I understand that I must inform the manager before moving into this apartment**

I have been unemployed for \_\_\_\_\_ years and \_\_\_\_\_ months

My last job paid \$\_\_\_\_\_ per hour and I worked \_\_\_\_\_ hours per week

**\*\*\*Please complete either Section A, B, or C as applicable\*\*\***

## Section A

I [print name], \_\_\_\_\_, state that I am currently unemployed and that I do not anticipate becoming employed within the next twelve months.

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## Section B

I [print name], \_\_\_\_\_, state that I am currently unemployed but am aware of an employment start date of \_\_\_\_\_ at \$\_\_\_\_\_ per \_\_\_\_\_.

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## Section C

I [print name], \_\_\_\_\_, state that I am currently unemployed. I am not aware of a start date at this time. However, I anticipate becoming employed in the upcoming 12 months. Based upon my prior employment history and educational training, I anticipate earning \$\_\_\_\_\_ from anticipated employment over the next twelve months.

*(Please supply documentation to support this, such as previous tax returns and/or W-2)*

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I certify that the information given above is true to the best of my knowledge and that any misrepresentation of information will lead to cancellation and/or rejection of my application for tenancy. I am signing this under penalty of perjury.

Applicant/Tenant Signature: \_\_\_\_\_ Date \_\_\_\_\_



**Under \$5,000 Asset Certification  
(For LIHTC Projects or Self-Certification for HOME\*)**



For households who combined NET assets DO NOT exceed \$5,000.  
Complete one form per household; include assets from children of the household

<b>Property Name:</b>	<b>IFA Project #:</b>
<b>Household Name:</b>	<b>BIN &amp; Unit #:</b>

**1. My/our assets include:**

(A) Cash Value*	(B) Int. Rate	(AxB) Annual Income	Source	(A) Cash Value*	(B) Int. Rate	(AxB) Annual Income	Source
			Savings Account				Checking Account
			Cash on Hand				Safety Deposit Box
			Certificates of Deposit				Money Market Funds
			Stocks				Bonds
			IRA Accounts				401K Accounts
			Keogh Accounts				Trust Funds
			Equity in Real Estate				Land Contracts
			Lump Sum Receipts				Capital Investments
<b>(Name of Asset)</b>							
			Whole Life Insurance Policies				
			Other Retirement/Pension Funds				
			Personal Property held as an Investment**				
			Any account only accessed through a debit card***				
			Other (Attach list if necessary)				

**PLEASE NOTE: Certain Funds (e.g. Retirement, Pension, Trust) may or may not be (fully) accessible to you. Include only those amounts which are:**

\* Cash value is defined as market value minus the cost of converting the asset to cash, such as broker's fees, settlement costs, outstanding loans, early withdrawal penalties, etc.

\*\* Personal property held as an investment may include, but is not limited to, gems or coin collections, art, antique cars, etc. DO NOT include necessary personal property such as, but not necessarily limited to, household furniture, daily use of autos, clothing, assets of an active business, or special equipment for use of the disabled.

\*\*\*Do not count food stamp accounts or checking accounts already listed. Example: Payroll, Social Security or Welfare Accounts

**2. Disposed Assets**

(YES)  (NO) I/We have disposed of assets for less than fair market value in the last 2 years. Examples would include such items as charitable donations or giving/selling assets (such as real estate) to family.

**3. No Assets**

(YES) I/We DO NOT have any assets at this time.

**The Net Family Assets (as defined in CRF 813.102) above do not exceed \$5,000 AND the Annual Income from the Net Family asset is: \$0.00. This amount is included in the total Gross Annual Income.**

Under penalty of perjury I certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understands that providing false information herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a Lease Agreement.

Applicant/Resident Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant/Resident Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant/Resident Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant/Resident Signature \_\_\_\_\_ Date \_\_\_\_\_

\*May not be used for HOME Full Recertification Requirements