



Application for Low Income LIHTC Tax Credit Properties

Do you have a Housing Choice (Section 8) Voucher? Yes No *If you have a voucher, the income ranges to qualify (below) do not apply.

Table with 4 columns: Property, #Bedrooms, Income Range to Qualify, Cost of Rent. Rows include Ernie Chambers Court (1-4 bdrm) and Farnam Building (2-3 bdrm).

1. FAMILY DATA - To be completed by the applicant

Form with fields for Name of Head of Household, Spouse/Co-Applicant Name, Current Address (Street, City, State, Zip), Day Phone, Night Phone, Head Email, Spouse/Co-Applicant Email.

PLEASE ANSWER ALL QUESTIONS. Do not leave any space blank, write "No or N/A" where appropriate.

Directions to Applicant: Please complete the table below for each member of your household, whether or not those members are related. Include all members who you anticipate will live with you at least 50% of the time during the next 12 months.

If you need additional space for answers to any paragraph listed below, attach additional sheets, and make sure you include a reference to the paragraph number, your name, and the last four digits of your social security number.

2. FAMILY COMPOSITION - To be completed by the applicant

Table with 9 columns: Member Number, Name(s) Last Name, First Name, MI, Relation to Head, Date of Birth, Age, Gender (M/F), Last Four of SSN#, Student (Y/N). Rows 1-6.

Current marital status: Never Been Married Married Divorced Separated Widowed

If Divorced or Separated, please list the date(s): _____



If any family member has used another name, please list below: (Maiden, Former Name, etc.)

Former Name Used _____ Current Name Used _____
Former Name Used _____ Current Name Used _____

Do all the above household members reside in the household 100% of the time? Yes No If no, please list members and explain why:

Do you anticipate changes in your household size in the next 12 months? Yes No If yes, please explain

Do you anticipate changes in the household income in the next 12 months (i.e., seeking employment, expecting child support/alimony, expecting a promotion, etc.)? Yes No If yes, please explain

3. STUDENT QUESTIONS - To be completed by the applicant

Does any adult member anticipate enrolling as a student in the next twelve (12) months? Yes No

If yes, who? _____

Name of School _____ When is the plan to attend? _____

School location _____

Have any adult members of your household been a full-time student five (5) months out of the current calendar year?

Yes No If yes, who? _____

Name of School: _____ Dates attended? _____

School location: _____

Do you anticipate any changes in the number of adult students within the next 12 months? Yes No

If yes, please explain:

Are all occupants full-time students? Yes No If yes, please answer the following:

a. Are any of the students married and entitled to a joint Federal Income Tax Return with their spouse?

Yes No (If yes, please attach a copy of the signed Federal Income Tax Return.)

b. Are any students receiving assistance under Title IV of the Social Security Act, which includes, but is not limited to TANF/AFDC? Yes No

c. Are any students enrolled in a job training program receiving assistance under the Workforce Investment Act (WIA), Job Training Partnership (JTPA) or similar Federal, State, or local laws? Yes No

d. Does the household consist of single parent(s) and their child(ren), and such parent(s) are not dependents on another individual tax return and such children are not dependents of another individual other than a parent of such child?

Yes No (If yes, and all household members are full-time students, a signed copy of your Tax Return and Divorce Decree must be attached.)

e. Does the household consist of at least one student who was previously under foster care? Yes No



4. ANTICIPATED HOUSEHOLD INCOME - To be completed by the applicant

For the questions below, indicate the amount of anticipated income for all household members named in the table on page 1, (for minors, unearned income amounts only), during the 12 months period beginning this date. If you are uncertain which types of income must be included or may be excluded, please ask the management personnel for assistance.

Do you or anyone in your household have:

INCOME	Applicant		Other Applicant		AMOUNT
	Yes	No	Yes	No	
Wages and Salaries – gross income					\$
Child Support – court ordered amount					\$
Alimony					\$
Social Security – gross amount					\$
Railroad Pension					\$
Supplemental Security Income (SSI)					\$
Public Assistance – SNAP, TANF, General assistance, AFDC					\$
Veteran’s Administration Benefits					\$
Pension – IRA, 401K, Keough accounts (regular periodic payments)					\$
Annuities (regular periodic payments)					\$
Unemployment Compensation					\$
Disability, Death Benefits, Adoption Assistance, or Life Insurance Dividends					\$
Worker’s Compensation					\$
Severance Pay					\$
Net income from a business (Self-employment including Uber or Lyft driver, Door dash, Uber Eats or similar types of positions, rental property, land contracts, or other forms of real estate)					\$
Income from Assets					\$
Regular Contributions or Gifts					\$
Lottery Winnings or Inheritance					\$
All regular pay paid to members of the Armed Forces					\$
Education, Grants, Scholarships, or other Student Benefits					\$
Long Term Medical Care Insurance Payments in Excess of \$180.00 per day					\$
Other Income					\$
Are any of these items listed above being deposited onto a pre-paid debit card (Direct Express, Net Spend, Relia Card, Citi Bank, etc.)					\$
	Total				\$
	Total Gross Annual Income from previous Year (separate out if unrelated adults)				\$



5. ASSET INCOME - To be completed by the applicant

List all assets currently held by all household members and the cash value of each. The cash value is the market value of the asset minus reasonable costs there was, or would be, incurred in selling or converting the asset to cash.

Do you or anyone in your household have:

ASSET	Applicant		Other Applicant		Cash Value	Bank or Financial Institution
	Yes	No	Yes	No		
Savings Account					\$	
Checking Account - Debit Card/Demand Deposit Account					\$	
Certificate of Deposit					\$	
Safe Deposit Box					\$	
Trust Account					\$	
Any Stocks or Securities					\$	
Any Treasury Bills					\$	
Retirement Fund / Annuities (Include IRA's or Keogh Accounts)					\$	
Mutual Funds					\$	
Saving Bonds					\$	
Money Market Account					\$	
Cash on Hand or internet accounts (Venmo, Square Cash App, PayPal, etc.)					\$	
Prepaid Debit Card (Direct Express, NetSpend, Citibank, reloadable Wal-Mart cards, red or green dot cards, etc.)					\$	
HSA accounts –(not all states count this as an asset, please check with your State Agency)					\$	

Do you, or anyone in your household have...

Yes	No	Whole or Universal Life Insurance Policies? If so, who is it listed with? _____	Value \$ _____
Yes	No	Have any Personal Property held as an Investment (this includes paintings, artwork, collectors or show cars, jewelry, coin, or stamp collections, antiques etc.)?	\$ _____
Yes	No	Other equity in real estate, rental property, land contracts/contract for deeds or other real estate holding or other capital investments (this includes your personal residence, mobile homes, vacant land, farms, vacation homes, or commercial property)? If yes, type of property: _____ Location of property: _____ Appraised Market Value: _____ Mortgage or Outstanding Loan Balance: _____ Amount of Annual Insurance Premium: _____ Amount of most recent tax bill: _____	\$ _____



Yes No Received any Lump Sum Receipts? (Include inheritances, capital gains, lottery winnings, insurance settlements and other claims) When? _____ \$ _____
Where are funds held? _____

Yes No Other assets not listed above (excluding personal property)? If yes, please explain:
\$ _____

Yes No Have you disposed of any assets (e.g., real estate, cash, stock, etc.) in the past two years? If yes, type of property: _____
Location of Property: _____
Appraised Market Value: \$ _____
Mortgage or Outstanding loan balance due: _____
Amount of Annual Insurance Premium: _____
Amount of most recent tax bill: _____



6. EMPLOYMENT HISTORY - To be completed by all household members 18 years old and older.

Head of Household's Current Employer:			
Supervisor:		Start Date:	End Date:
Current Wage:	Hours/week:	Overtime wage: \$	Overtime hours/week:
Employer Street Address:			City:
State:		Zip Code:	Employer Phone:
Employer Email:			Employer Fax:
Head 2nd Current/Previous Employer:			
Supervisor:		Start Date:	End Date:
Current Wage: \$	Hours/week:	Overtime wage: \$	Overtime hours/week:
Employer Street Address:			City:
State:		Zip Code:	Employer Phone:
Employer Email:			Employer Fax:
Spouse/Other Applicant's Current Employer:			
Supervisor:		Start Date:	End Date:
Current Wage: \$	Hours/week:	Overtime wage: \$	Overtime hours/week:
Employer Street Address:			City:
State:		Zip Code:	Employer Phone:
Employer Email:			Employer Fax:
Spouse/Other Applicant's 2nd Current or Previous Employer:			
Supervisor:		Start Date:	End Date:
Current Wage: \$	Hours/week:	Overtime wage: \$	Overtime hours/week:
Employer Street Address:			City:
State:		Zip Code:	Employer Phone:
Employer Email:			Employer Fax:
Other Applicant's Current Employer:			
Supervisor:		Start Date:	End Date:
Current Wage: \$	Hours/week:	Overtime wage: \$	Overtime hours/week:
Employer Street Address:			City:
State:		Zip Code:	Employer Phone:
Employer Email:			Employer Fax:
Other Applicant's 2nd Current/Previous Employer:			
Supervisor:		Start Date:	End Date:
Current Wage: \$	Hours/week:	Overtime wage: \$	Overtime hours/week:
Employer Street Address:			City:
State:		Zip Code:	Employer Phone:
Employer Email:			Employer Fax:



7. RESIDENCE HISTORY - To be completed by the applicant

Current and Previous Landlords: Past 2 years residence including any owned by applicants

Head - Current Address		Rent/Month	Utilities/Month	Reason for Leaving
Landlord Name	Landlord Address			Landlord Phone
Move-In Date	Move-Out Date			
Head - Previous Address		Rent/Month	Utilities/Month	Reason for Leaving
Landlord Name	Landlord Address			Landlord Phone
Move-In Date	Move-Out Date			
Head - Previous Address		Rent/Month	Utilities/Month	Reason for Leaving
Landlord Name	Landlord Address			Landlord Phone
Move-In Date	Move-Out Date			
Co-Head/Spouse Current Address		Rent/Month	Utilities/Month	Reason for Leaving
Landlord Name	Landlord Address			Landlord Phone
Move-In Date	Move-Out Date			
Co-Head/Spouse Previous Address		Rent/Month	Utilities/Month	Reason for Leaving
Landlord Name	Landlord Address			Landlord Phone
Move-In Date	Move-Out Date			
Co-Head/Spouse Previous Address		Rent/Month	Utilities/Month	Reason for Leaving
Landlord Name	Landlord Address			Landlord Phone
Move-In Date	Move-Out Date			
Other Applicant Current Address		Rent/Month	Utilities/Month	Reason for Leaving
Landlord Name	Landlord Address			Landlord Phone
Move-In Date	Move-Out Date			
Other Applicant Previous Address		Rent/Month	Utilities/Month	Reason for Leaving
Landlord Name	Landlord Address			Landlord Phone
Move-In Date	Move-Out Date			
Other Applicant Previous Address		Rent/Month	Utilities/Month	Reason for Leaving
Landlord Name	Landlord Address			Landlord Phone
Move-In Date	Move-Out Date			



8. CREDIT REFERENCES - To be completed by the applicant

Name	Address/Phone	Monthly Payment

9. OTHER

Do you have full custody of your child(ren)? Yes No N/A Please explain custody or write N/A...

Have you ever been evicted? Yes No If yes, please explain or write N/A...

Have you ever filed for bankruptcy? Yes No If yes, please explain or write N/A...

Have you ever been convicted of a felony? Yes No If yes, please explain or write N/A...

Will your household be eligible, or will you be applying for, Housing Choice Voucher (Section 8) rental assistance in the next 12 months? Yes No If yes, explain or write N/A...

Have you ever received rental assistance? Yes No If yes, please explain or write N/A...

Has your rental assistance ever been terminated for fraud, non-payment of rent, or failure to re-certify? Yes No
If yes, please explain or write N/A...

Will this be your only place of residence? Yes No If no, explain or write N/A...

What is the current condition of your current housing? Standard Unsafe or Unhealthy
No Indoor Plumbing/Kitchen Currently without Housing Living with Family/Friends

AT ANY TIME, OHA may deny assistance to an applicant or terminate assistance to a family if any member of the family commits drug related criminal activity or other criminal activity according to OHA policies.

10. SPECIAL NEEDS - To be completed by the applicant

Would you, or any members of your household, benefit from a handicapped accessible unit? Yes No

If yes, explain _____

Does anyone in your household have special needs? Yes No



Is a Special living accommodation required? Yes No If yes, please explain (Attach additional pages as needed): _____

11. CITIZENSHIP/RESIDENT’S STATEMENT - To be completed by the applicant

Do you have a legal right to be in the United States (check one that applies)?

Yes, because I am a United States Citizen

Yes, because I have valid documentation from the Bureau of Citizenship and Immigration Services (formerly the Immigration and Naturalization Service)

No

If you answered “Yes” because you are a non-U.S. citizen with valid documentation, you must provide documentation and complete paperwork required by the Department of Housing and Urban Development, so we can verify that you are a non-citizen with eligible immigration status.

12. IN CASE OF EMERGENCY, NOTIFY - To be completed by the applicant

Name	Address	Phone And/or Email

**** Before you complete this section of the application, were all questions above completely answered? Are ALL blanks filled in? If not, please go back through the application and complete the sections that were left blank. ****

13. APPLICANT'S STATEMENT, SIGNATURES, AND CONSENT

- I/We understand that the above information is being collected to determine my/our eligibility for residency.
- I/We authorize the owner/manager to verify information provided on this application and my signature is our consent to obtain such verification.
- 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 are true and complete to the best of my/our knowledge and belief and are aware that false statements are punishable under Federal law.
- I/We understand that this application and all related inquires will be used only for its relevance to screening and occupancy at this Property.
- I also understand that all changes in the income of any member of the household, as well as any change in the household composition, must be reported to HA in writing, within ten (10) days of the change.

SIGNATURE OF ALL PARTIES TO THIS APPLICATION, 18 YEARS OR OLDER:

Application Signature Head Date

Other Applicant Signature Date

Other Applicant Signature Date

Other Applicant Signature Date



This section must be filled out even if assistance was not needed to fill out this application.

Did anyone help and assist you in filling out this application? Yes No

Signature of Head Date

Signature Of Spouse, Co-Head, or Other Applicant Date

Signature or person assisting you with this application Date

Their relationship to you _____

Reason for assistance _____

Signature of Owner or Developer's Authorized Representative Date

Warning: 18 U.S.C. 1001 provides, among other things that whoever knowingly and willfully makes or uses a document or writing containing false, fictitious, or fraudulent statement or entry in any matter within the jurisdiction of a department or agency of the United States shall be fined not more than \$10,000 or imprisoned for not more than five years or both.



VOLUNTARY INFORMATION

The information is being requested in accordance with Federal Regulations. This information is for reporting purposes only. This information will not be used in evaluation of your application or to discriminate against you in any way. You are not required to furnish this information, but are encouraged to do so.

I choose not to complete this questionnaire.

Name ALL People To Occupy Unit Last Name, First Name	Relationship	Race – Please see below *1	Ethnicity – Please see below *2	Disabled – Please see below *3
	Head			

- Race *1
- 1 – White
 - 2 – Black/African American
 - 3 – Indian American/Alaskan Native
 - 4 – Asian
 - 5 – Native Hawaiian/Other Pacific Island er

- Ethnicity *2
- 1 – Hispanic or Latino
 - 2 – Not Hispanic or Latino

- Disabled *3
- Yes
 - No

- Military Service
- Pre-Vietnam Era
 - Vietnam Era
 - Post-Vietnam Era
 - Disabled Veteran

- How did you hear about this housing opportunity?
- Newspaper
 - Company Employee
 - Professional Publication
 - Job Fair
 - Placement Office
 - Website
 - Other _____

THANK YOU FOR TAKING THE TIME TO FILL OUT THIS QUESTIONNAIRE!

