



# WELCOME TO YOUR NEW APARTMENT HOME!

				App Date:
B/R Size:	Rent \$	Tent M/I Date:	Traffic Source:	App & Turn Fee:\$
				Dep. Pd.:\$
				Date
				App Recd:
				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  
 Marital Status Codes: S-Single, M-Married, D-Divorced, L-Legal Separation, E- Estranged, W-Widow

**PLEASE PRINT**

Name LAST, FIRST, M/I (JR,SR, ETC.)	Relation to Head of Household	Sex M/F	Marital Status	Social Security	Is this Person a Student?		Age	Birth Date Month/Day/Year
					YES	NO		
	SELF							

Do you expect any change in the above-listed household composition in the next 12 months? Yes \_\_\_\_ No \_\_\_\_ If yes, describe the change: \_\_\_\_\_

**RESIDENCE HISTORY**

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

CURRENT ADDRESS & PHONE #	LANDLORDS NAME & ADDRESS	MONTHLY PYMT	OCCUPANY DATES
		\$	From:
		Rent	To:
City	City	Mortgage	
Phone#	Phone#	Email:	
PREVIOUS ADDRESS	LANDLORDS NAME & ADDRESS	MONTHLY PYMT	OCCUPANY DATES
		\$	From:
		Rent	To:
City	City	Mortgage	
Phone#	Phone#		

**EMERGENCY CONTACT INFORMATION**

NAME	ADDRESS	PHONE
1.		
2.		

**VEHICLE INFORMATION**

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

**PET INFORMATION**

Do you, or anyone in the household have a pet(s)? YES \_\_\_\_ NO \_\_\_\_ If Yes, Indicate Breed: \_\_\_\_\_ Full Grown Weight: \_\_\_\_\_

**ADDITIONAL INFORMATION**

	YES	NO
Are you or any member of your family currently using an illegal substance?		
Have you or any member of your family ever been convicted of a felony?		
If yes, describe:		
Have you or any member of your family ever been evicted (foreclosed) from any housing?		
If yes, describe:		
Have you ever filed for bankruptcy?		
If yes, describe:		
Is any member of the household disabled?		
If yes, does this member require any accommodations?		

**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:

	YES	NO
Are any of the above occupants students of higher education?		
Are <b>All</b> of the persons in this household Full-time Student(s)? If Yes, Answer the Following Questions:		
Are any full-time student(s) married and filing a joint tax return?		
Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?		
Are any full-time student(s) a TANF or a Title IV recipient?		
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?		

**MEDICAL EXPENSES**

Type of Expenses	Family Member Who Pays	Monthly Amount	Can This Expense Be Verified?

**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.

**STATEMENT OF ANTICIPATED INCOME: For the next 12 months**

			ESTIMATED AMOUNT RECEIVED ANNUALLY	OCCUPANT NAME RECEIVING These FUNDS
<input type="checkbox"/>	<input type="checkbox"/>	<b>Do you or anyone in your household <u>RECEIVE</u> or expect to receive <u>INCOME</u> from:</b>		
<input type="checkbox"/>	<input type="checkbox"/>	Social Security Benefits.....	\$ _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Supplemental Security Income (SSI).....	\$ _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	VA or Military pay benefits.....	\$ _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Pension Plan, Retirement or Annuities.....	\$ _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Gifts/Contributions from non-household members.....	\$ _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Alimony, spousal or child support.....	\$ _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Are you entitled to Alimony, spousal or child support but not receiving.....	\$ _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Employment income (Full-time, part-time or seasonal).....	\$ _____	_____
Employer Name _____ Hire Date: _____		Employer Name: _____ Hire Date: _____		
<input type="checkbox"/>	<input type="checkbox"/>	Self-employment income.....	\$ _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Do you work for anyone that pays you in cash.....	\$ _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Unemployment, Workman's Comp, or Disability Benefits.....	\$ _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Payment from Rental Properties or Notes Receivable.....	\$ _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Public Assistance or General Assistance.....	\$ _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Are you on leave of absence from work due to Lay-off, Medical, Family Leave Act, Military leave, or other.....	\$ _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Any Income from sources not mentioned above.....	\$ _____	_____

(Please list on additional sheet)

**STATEMENT OF ASSET INFORMATION:**

Do you or anyone in your household have the following assets, and if so what is the value?

		ASSET TYPE	Current Value	Annual Interest/Income
<input type="checkbox"/>	<input type="checkbox"/>	Checking Account(s) (# of Accts _____).....	\$ _____	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Savings or Money Market Account(s) (# of Accts _____).....	\$ _____	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Certificate(s) of Deposit (# of Accts _____).....	\$ _____	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Cash on Hand.....	\$ _____	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	IRA, 401K, Keogh, Roth or other Retirement Acct(s) (# of Accts _____).....	\$ _____	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Savings Bonds or Treasury bills (# Owned _____).....	\$ _____	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Trust Fund(s) (# of Accts _____).....	\$ _____	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Stocks, Bonds, Mutual Funds, or Annuities (# of Shares _____).....	\$ _____	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Do you own or have equity in any real estate? (Includes Homes, Mobile Homes, Land, Burial Plots, Condos, Commercial Rental or Other Real Estate).....	\$ _____	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Is this property for Sale or Rental (_____)		
<input type="checkbox"/>	<input type="checkbox"/>	Whole Life Insurance Policies (current cash or surrender value required).....	\$ _____	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Items held as an Investment (gems, art, coins, etc).....	\$ _____	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	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, victims restitution, worker's compensation, disability or any type of insurance claims or settlements.....	\$ _____	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	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:

\_\_\_\_\_

**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 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 \_\_\_\_\_



**"Habitat America, LLC, is pledged to the letter and spirit of the U.S. Policy for the achievement of equal housing opportunity throughout the Nation. We encourage and support an affirmative advertising and marketing program in which there are no barriers to obtaining housing because of race, color, religion, sex, handicap, familial status or national origin."**

