



TAX CREDIT RENTAL APPLICATION

FOR OFFICE USE:

DATE REC'D: _____

TIME REC'D: _____

APP FEE REC'D: Amount \$ _____

Mgr. Initials: _____

Please complete one application for each household member over the age of 18. An application fee of \$50.00 USD per application will be due at the time the application is submitted. Applicant must be 18 or older and have the legal capacity to sign a lease.

This application is to be completed fully and in detail. If additional pages are necessary, please attach them. The information provided will be used in the tenant selection process by Landlord and is subject to verification by Landlord. In the event any information provided is later determined to be false, Landlord may, in Landlord's sole discretion, terminate any lease. Landlord's gathering of information from, and about prospective tenants is for the benefit of the Landlord, only, and does not create any right of reliance on the part of any tenant or occupant part regarding the behavior or character of any other tenant or occupant of the community. Additionally, the information provided is subject to verification by the Rural Development Agency of the United States Department of Agriculture.

A. GENERAL INFORMATION:

Applicant's Full Name: _____ Date of Application: _____
Phone: _____ E-Mail: _____
Apartment Community Desired: _____ Desired Move-In Date: _____
Type and Size of Apartment Desired: _____
How did you hear about us: _____
Referred by: _____

B. CURRENT RESIDENCE:

Address: _____ City: _____ State: _____ Zip: _____
Lived there from: _____ to: _____ Monthly Payment: \$ _____
Reason for Moving: _____
Landlord Name: _____ Landlord Phone: _____
Landlord Address: _____ City: _____ State: _____ Zip: _____
Comments: _____

C. PREVIOUS RESIDENCE:

Address: _____ City: _____ State: _____ Zip: _____
Lived there from: _____ to: _____ Monthly Payment: \$ _____
Reason for Moving: _____
Landlord Name: _____ Landlord Phone: _____
Landlord Address: _____ City: _____ State: _____ Zip: _____
Comments: _____

D. HOUSEHOLD COMPOSITION:

Full Name of Household Member	Relationship to Head of Household	Social Security Number	Place of Birth (City, State)	Date of Birth (MM/DD/YYYY)	Are you a student? (Y/N)
	HEAD				

please attach additional sheets if necessary

E. DISABILITY STATUS:

1. Would you or anyone in your household benefit from the features of a handicap-accessible unit? Yes ☐ No ☐
2. Would you like to be placed on a priority waiting list for a handicap-accessible unit? Yes ☐ No ☐
3. Do you require any accommodations for any disability? Yes ☐ No ☐
4. If you are disabled, do you require any modifications to the unit for any disability? Yes ☐ No ☐
If so, please list the specific modification needed: _____
5. Do you have any handicap assistance expenses that you incur due to disability? Yes ☐ No ☐

F. STUDENT STATUS:

6. Are you or anyone in your household a student or planning to be one within the next 12 months? Yes ☐ No ☐
- a. If yes, please explain: _____
Status: Full-Time ☐ Part-Time ☐ Credit Hours: _____
Name of Institution: _____
- b. If you answered yes, are you:
Receiving assistance under Title IV of the Social Security Act (AFCD/TANDF)? Yes ☐ No ☐
Receiving assistance through the Job Training Participation Act (JTPA) or similar programs? Yes ☐ No ☐
Married and filing a joint tax return? Yes ☐ No ☐
Single parent with a dependent child and neither you nor your child are dependent of another? Yes ☐ No ☐

G. ADDITIONAL INFORMATION:

7. Have you, your spouse, or any other proposed occupant ever:
- a. Filed for bankruptcy? Yes ☐ No ☐
If yes, year: _____
- b. Been evicted from any residence? Yes ☐ No ☐
- c. Willfully or intentionally refused to pay rent? Yes ☐ No ☐
- d. Been charged and convicted with any misdemeanor or felony? Yes ☐ No ☐
If yes, please explain: _____
- e. Been charged and convicted for possession, sale, or delivery of any illegal substance? Yes ☐ No ☐
If yes, please explain: _____
- f. Required to register as a sex offender? Yes ☐ No ☐
- g. Had tenancy or assistance terminated for fraud, nonpayment of rent, or failure to cooperate with recertification procedures while living in a subsidized community? Yes ☐ No ☐
- h. Served in the United States military? Yes ☐ No ☐
8. Do you, your spouse, or any other proposed occupant:
- a. Owe a current balance? Yes ☐ No ☐
If yes, Amount \$ _____ To Whom (contact info): _____
What steps have you taken to rectify: _____
- b. Own a pet? Yes ☐ No ☐
If yes, please describe (breed and weight): _____
9. Are you, your spouse, or any other proposed occupant:
- a. Subject to any state's lifetime sex offender registration program? Yes ☐ No ☐
If yes, who and what state: _____

H. VEHICLE INFORMATION:

Vehicle Make/Model	Year	Color	License Plate #	Monthly Payment	Loan Payable To

I. REFERENCES:

Full Name: _____ Relationship: _____ Phone: _____
 Full Name: _____ Relationship: _____ Phone: _____
 Full Name: _____ Relationship: _____ Phone: _____

J. EMERGENCY CONTACT:

Please provide information for two people not planning to occupy the Premises whom we may contact in the event of an emergency, or to locate you.

Emergency Contact #1

Name: _____ Relationship: _____ Phone: _____
 Address: _____ City: _____ State: _____ Zip: _____

Emergency Contact #2

Name: _____ Relationship: _____ Phone: _____
 Address: _____ City: _____ State: _____ Zip: _____

K. DEMOGRAPHICS:

Please review the statement below and provide the requested information, if you are willing:

“The Information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service that Federal Laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, sex, familial status, age, and disability are complied with. You are not required to provide this information but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race/national origin and sex of individual applicants based on visual observation or surname.”

Ethnicity:

Please check one of the following:

☐ Hispanic or Latino ☐ Not Hispanic or Latino

Race:

Please check one of the following:

☐ American Indian/Alaska Native ☐ Asian ☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander ☐ White

Gender:

Please check one of the following:

☐ Male ☐ Female ☐ Prefer Not To Respond

**Please list ALL states in which ALL household members have lived. Failure to provide accurate information to management is grounds to deny the application. Please write N/A on any line that is left blank.

Name: _____ State: _____ Name: _____ State: _____
 Name: _____ State: _____ Name: _____ State: _____
 Name: _____ State: _____ Name: _____ State: _____

L. INCOME:

Section 42 of the Internal Revenue Code regulations require that all applicants/residents reveal all sources of income and assets. Applicants/residents for housing in this Section 42 property must complete this disclosure form by filling in the requested information and certifying this form. This form must be completed in its entirety. Please provide the mailing address and phone number for each of these sources in the area provided.

To determine your eligibility to occupy a unit in this project, we need the total amounts of all income sources earned by your household. You must list any income which you and your household members receive. You must place a "0" in each column describing each source from which no income is received.

Income Sources	Household member Recipient	Monthly Gross Amount Received (A "0" must be placed in each column for which no income is received)	Account #	Organization Name and Phone Number (REQUIRED)
Salary/Wages/Tips/Bonus'				
Self-Employment/Unearned Income/Workers Compensation				
Social Security Benefits				
SSI				
Disability Pension/Death Benefits				
Pension/Retirement Funds				
Welfare (Not including food stamps)				
AFDC/TANF				
Annuity Payments				
Child Support/Unearned income from a family member under age 17				
Military Payments/GI Bill/VA				
Unemployment				
Net Farm/Business Income				
Payment Received on Real Estate/Rental Income				
Interest on Check/Savings Account				
Interest on Bonds/CD's				
Investment Dividends				
Stock Dividends/Annuities/Trusts				
Recurring Gifts (Monetary or other)				
Other Income				

please attach additional sheets if necessary

M. INCOME QUESTIONS:

10. Did you or any members of the household file a federal tax return last year? Yes ☐ No ☐
If not, why? _____
11. Do you anticipate any changes in income over the next 12 months? Yes ☐ No ☐
Why or why not: _____
12. Are any members of the household under 18 years old receiving income not listed above? Yes ☐ No ☐
If yes, please explain: _____
13. Is anyone outside of your household assisting in the payment of your expenses such as rent, utilities, bills, groceries, clothing, household supplies, insurance, car expenses, gas, etc. ? Yes ☐ No ☐
If yes, please explain: _____

N. CHILD SUPPORT:

We must count court-ordered support whether it is received, unless legal action has been taken to remedy. We must also count support that is not court-ordered, and rather received directly from payor

14. Are you or any member of your household entitled to receive child support payments? Yes ☐ No ☐
a. If yes, are you currently receiving any child support payments? Yes ☐ No ☐
b. If yes, are your child support payments court ordered? Yes ☐ No ☐
15. Is there a divorce or separation agreement that states you are entitled to periodic support? Yes ☐ No ☐
16. Are you or any member of your household taking legal action to remedy any entitled payment that is not actually received? Yes ☐ No ☐
a. If yes, please explain: _____

O. OTHER INFORMATION/DEDUCTIONS:

17. Are any foster children, foster adults, or live-in attendants living with or going to be living with you? Yes ☐ No ☐
a. If yes, please explain: _____
18. Are any members of your household temporarily absent? Yes ☐ No ☐
a. If yes, please explain: _____
19. Are there any expected changes in the household membership in the next 12 months? i.e. birth of a child, adopting a child, obtaining custody, receiving foster child, household member moving out, etc. Yes ☐ No ☐
a. If yes, please explain: _____

P. ASSETS:

Section 42 of the Internal Revenue Code regulations require that all applicants/residents reveal all sources of income and assets. Applicants/residents for housing in this Section 42 property must complete this disclosure form by filling in the requested information and certifying this form. This form must be completed in its entirety. Please provide the mailing address and phone number for each of these sources in the area provided.

To determine your eligibility to occupy a unit in this project, we need the total amounts of all assets in your household. You must place a "0" in each column describing each source from which there is no asset.

Type of Asset	Value	Account #	Organization Name and Phone Number (REQUIRED)
Checking Account			
Checking Account			
Savings Account			
Savings Account			
Cash on Hand/At Home			
Balance on Direct Express Card			
Trust Accounts/Revocable or Irrevocable			
CD			
CD			
Annuities			
Annuities			
Mutual Funds			
Digital Wallet Accounts (Venmo, Cash App, PayPal, etc.)			
Digital Wallet Accounts (Venmo, Cash App, PayPal, etc.)			
Stocks			
Stocks			
Whole Life			
Money in safety deposit box			
Savings Bond			
Personal property held as an investment			
Other (Please Describe)			
Other (Please Describe)			

please attach additional sheets if necessary

Q. ASSET INFORMATION:**Real Estate:**

20. Did you own any property? Yes ☐ No ☐
- a. If yes, Property type: _____ Location: _____
Appraised Market Value: \$ _____
- b. If yes, do you receive any rent from your property? Yes ☐ No ☐
- Property Type: _____ Location: _____
Amount Received per month: \$ _____
21. Do you have any land contracts? Yes ☐ No ☐
- a. If yes, property type: _____ Location: _____
Terms of Contract: _____

Non-Necessary Personal Property:

Non-necessary personal property includes, but is not limited to, recreational vehicles or boats not needed for day-to-day transportation, expensive jewelry without religious or cultural value or which does not hold family significance, collectibles such as coins or stamps, equipment or machinery that is not used to generate income for a business, or items such as gems/precious metals, antiques, artwork, etc. Do not include necessary personal property such as, but not necessarily limited to, vehicles relied on for transportation, furniture, carpets, linens, kitchenware, common appliances, common electronics, clothing, personal effects that are not luxury items such as toys or books, wedding and engagement rings, jewelry used in religious/cultural ceremonies, medical equipment and supplies, health care-related supplies, musical instruments used by the family, personal computers or tablets, phones, professional tools of trade, educational materials, equipment to accommodate persons with disabilities, or exercise equipment.

22. Do you own any non-necessary personal property as described above? Yes ☐ No ☐
- a. If yes, complete the chart below for all non-essential personal property owned:

TYPE OF PROPERTY	VALUE (\$)	DESCRIPTION

Assets Disposed Of:

Applicants/residents must also disclose any assets disposed of for less than fair market value in the two years preceding the effective date of the certification/recertification. This includes but is not limited to assets or money given away or sold for less than their true value if offered for sale to the public.

23. Did you have any assets (excluding personal assets) in the last two years not listed above? Yes ☐ No ☐
- a. If yes, did you dispose of any assets for less than fair market value? Yes ☐ No ☐

ASSET	MARKET VALUE	AMOUNT RECEIVED	DATE DISPOSED OF

CERTIFICATION & CONSENT FOR RELEASE OF INFORMATION

Note: In considering this application from you, Landlord will rely heavily on the information which you have supplied. It is most important that the information be accurate and complete. By signing this application, you represent and warrant the accuracy of the information, and you authorize Management to verify any references that you have listed. Your signature on this form also authorizes Landlord to obtain any information that is pertinent to eligibility according to federal law, for residency at the housing complex in which you reside/have applied. Any individual or organization may be asked to release information.

Inquiries including, but not limited to, the following information may be made:

Employment Income	Social Security Income
Self-Employment Income	Disability Income
Pension Income	Other Sources of Income
Assets of Any Kind	Medical/Pharmaceutical Expenses
Family Composition	Childcare Expenses
Federal, State, Tribal, and Local	Handicap Apparatus Expenses
Benefits	Other Qualifying Expenses
Student Status	Landlord References
Credit References	Personal References
Prescriptions	Criminal History

Photocopies of this authorization may be used for the purpose indicated above. The original is retained by requesting organization.

Please Complete This Section:

I understand that failure to consent to the release of this information will render me ineligible for the housing complex in which I have applied. I give my permission for Landlord, as mentioned above, to obtain any information that is pertinent to my eligibility, and to any reference or entity I have identified to release such information to Landlord. I also hereby certify that all the information disclosed in this form is accurate and true. By signing this document, I do hereby certify that the information listed on this form and the questions answered are true and completed to the best of my knowledge. I further certify that I have revealed all assets currently held or previously disposed of and that I have no other assets than those listed on this form (other than personal property). I realize that false statements are fraudulent and are a criminal offense which is punishable by fine or imprisonment or both.

Applicant Information:

Full Name: _____ Phone: _____ E-Mail: _____

Address: _____ City: _____ State: _____ Zip: _____

Social Security #: _____ Birthdate: _____

Driver's License #: _____ Issuing State: _____

Signature: _____ Date: _____