

# LIHTC RENTAL APPLICATION

Property Name \_\_\_\_\_

Unit # \_\_\_\_\_

	Applicant Name	Status	Sex	Date of Birth	F/T Student	SSN or ITIN #
1						
2						
3						
4						
5						
6						
7						
8						

Do you anticipate any additions to your household in the next six(6) months? If YES list name(s) \_\_\_\_\_

YES \_\_\_\_\_ NO \_\_\_\_\_

Do all household members meet the definition of a full-time student?

YES \_\_\_\_\_ NO \_\_\_\_\_

**\*Full-time student is defined as a person who has been, is, or will be attending school at an educational institution during any five(5) months of the current calendar year. (Includings K-12 students)**

If YES, please answer the following questions:

Do you or any household member currently receive assistance under Title IV of the Social Security Act?

YES \_\_\_\_\_ NO \_\_\_\_\_

Are you or any household member enrolled in a job training program receiving assistance under the JTPA or similar federal program?

YES \_\_\_\_\_ NO \_\_\_\_\_

Are you a single parent with children and neither you nor your child(ren) are dependents (as defined in IRC 152) of another individual?

YES \_\_\_\_\_ NO \_\_\_\_\_

Are you married and entitled to file a joint tax return?

YES \_\_\_\_\_ NO \_\_\_\_\_

**Rental & Employment History Must Be Completed For Every Adult Household Member 18 Years of Age and Older**

**1** Current Address: \_\_\_\_\_ Previous Address \_\_\_\_\_  
City,State,Zip Code: \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Current Employer \_\_\_\_\_ Previous Employer \_\_\_\_\_  
Current Wage \_\_\_\_\_ Previous Wage \_\_\_\_\_  
Hire Date \_\_\_\_\_ Date of Seperation \_\_\_\_\_

**2** Current Address \_\_\_\_\_ Previous Address \_\_\_\_\_  
City,State,Zip Code \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Current Employer \_\_\_\_\_ Previous Employer \_\_\_\_\_  
Current Wage \_\_\_\_\_ Previous Wage \_\_\_\_\_  
Hire Date \_\_\_\_\_ Date of Seperation \_\_\_\_\_

**3** Current Address \_\_\_\_\_ Previous Address \_\_\_\_\_  
City,State,Zip Code \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Current Employer \_\_\_\_\_ Previous Employer \_\_\_\_\_  
Current Wage \_\_\_\_\_ Previous Wage \_\_\_\_\_  
Hire Date \_\_\_\_\_ Date of Seperation \_\_\_\_\_

**4** Current Address \_\_\_\_\_ Previous Address \_\_\_\_\_  
City,State,Zip Code \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Current Employer \_\_\_\_\_ Previous Employer \_\_\_\_\_  
Current Wage \_\_\_\_\_ Previous Wage \_\_\_\_\_  
Hire Date \_\_\_\_\_ Date of Seperation \_\_\_\_\_

Signature \_\_\_\_\_ Signature \_\_\_\_\_

Signature \_\_\_\_\_ Signature \_\_\_\_\_

**Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations.**

# INCOME AND ASSET INFORMATION

Each household member 18 years of age and older must complete a separate form

## INCOME

- Are you or any household member currently employed or anticipate becoming employed in the next 12 months? YES \_\_\_ NO \_\_\_
- Do you or any household member receive tips, bonuses, and/or commissions? YES \_\_\_ NO \_\_\_
- Are you or any household member self employed or own a business? YES \_\_\_ NO \_\_\_
- Are you or any household member in the armed services? YES \_\_\_ NO \_\_\_
- Do you or any household member receive Social Security and/or SSI? YES \_\_\_ NO \_\_\_
- Do you or any household member receive public assistance? (ie. AFDC,TANF) YES \_\_\_ NO \_\_\_
- Are you or any household member entitled to receive child support? YES \_\_\_ NO \_\_\_
- If YES, have you file with the appropriate enforcement agency? YES \_\_\_ NO \_\_\_
- Do you or any household member receive alimony? YES \_\_\_ NO \_\_\_
- Do you or any household member receive unemployment? YES \_\_\_ NO \_\_\_
- Do you or any household member receive worker's compensation? YES \_\_\_ NO \_\_\_
- Do you or any household member receive income from a trust fund,annuities, and/or royalties? YES \_\_\_ NO \_\_\_
- Do you or any household member recive income from a pension or retirement fund? YES \_\_\_ NO \_\_\_
- Do you or any household member receive income from a veterans pension? YES \_\_\_ NO \_\_\_
- Do you or any household member receive income from insurance or a death benefit? YES \_\_\_ NO \_\_\_
- Do you or any household member receive income from a rental property? YES \_\_\_ NO \_\_\_
- Do you or any household member receive financial assistance from grants or scholarships? YES \_\_\_ NO \_\_\_
- Do you or any household member receive income or financial assistance from any other sources not listed above? If YES please list \_\_\_\_\_ YES \_\_\_ NO \_\_\_

## ASSETS

- Do you or any household member have a checking account? YES \_\_\_ NO \_\_\_
- Do you or any household member have a savings account? YES \_\_\_ NO \_\_\_
- Do you or any household member have money market funds and/or certificates of deposit? YES \_\_\_ NO \_\_\_
- Do you or any household member own stocks, bonds, treasury bills, and/or certificates? YES \_\_\_ NO \_\_\_
- Do you or any household member have an IRA, Keogh, or any other retirement account? YES \_\_\_ NO \_\_\_
- Do you or any household member own real estate or have capital investments? YES \_\_\_ NO \_\_\_
- Do you or any household member receive interst income? YES \_\_\_ NO \_\_\_
- Do you or any household member receive divedends? YES \_\_\_ NO \_\_\_
- Does your household have combined assets that exceed \$5000 in cash value? YES \_\_\_ NO \_\_\_
- Have you or any household member disposed of any asset in the last 2 years? YES \_\_\_ NO \_\_\_
- If YES, please explain \_\_\_\_\_
- Date Asset was disposed of \_\_\_\_\_ Amount received for asset \_\_\_\_\_
- Market value of asset at disposition \_\_\_\_\_

I do hereby state that I have answered all questions above truthfully and I am aware of the penalties under Federal Law for willfully providing false of misguiding information to receive housing assistance. **Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

## SELF-EMPLOYMENT AFFIDAVIT

You have applied to live in an apartment that is governed by the federal government's Housing Credit Program. This Program requires us to certify all of your income, assets and eligibility information as part of determining your household's eligibility. Program requirements state we must verify each income and asset source as well as other claims of eligibility. We must determine this prior to granting your eligibility and, if such eligibility is granted, each subsequent year you remain in the unit.

### COMPLETE THIS FORM IN ITS ENTIRETY

I hereby attach copies of my individual federal tax returns for the immediate preceding three calendar years for which self employment tax returns could have been filed (or, if not filed, were not required to be filed) and certify that the information shown in such income tax returns is true and complete to the best of my knowledge. Business income counted towards income eligibility for the Housing Credit Program is net income from the operation of a business or profession, including cash withdrawals from the business. Do NOT deduct accelerated depreciation, payments made to expand the business or principal payments on debt.

Name of Business: \_\_\_\_\_ Business Address: \_\_\_\_\_

Type of Business: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Position Held: \_\_\_\_\_ Start Date: \_\_\_\_\_

Anticipated Annual Income: \$ \_\_\_\_\_

Number of Self-Employment Federal Tax Returns filed in the last three years: \_\_\_\_\_

\_\_\_\_\_ tax return income: \$ \_\_\_\_\_  
(Year of)

\_\_\_\_\_ tax return income: \$ \_\_\_\_\_  
(Year of)

\_\_\_\_\_ tax return income: \$ \_\_\_\_\_  
(Year of)

Average: \$ \_\_\_\_\_

#### NOTE:

- If anticipated annual income is greater than the average of the tax returns, include the anticipated annual income.
- If anticipated annual income is less than the average of the tax returns, provide explanation; otherwise, include average of the tax returns.

Attach a copy of your SIGNED or electronically submitted Federal Tax Return including Profit/Loss Statement (Schedule C) for preceding three calendar years.

If this is a new business, you will need to provide an anticipated Profit/Loss Statement or a written business plan.

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

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

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

