APPLICATION FOR HOUSING

Instructions for Managers:

This Application for Housing is provided to satisfy the requirements contained in the IFA LIHTC/HOME Manual under Chapter 3 –Qualifying Households regarding the application and the IFA Compliance Questionnaire form.

IFA does not require a specific application packet. We recognize that owner/managers are in the best position to design application forms that meet the needs of their properties and the programs that they work with. However, to ensure that compliance issues are covered thoroughly and consistently across our portfolio, we designed a Compliance Questionnaire to supplement the owner/manager’s application packet.

Upon further consideration we have made a slight change to our requirement in Chapter 3. We have developed this application for housing that you may use *in lieu of* the *IFA Compliance Questionnaire.* If you do not choose to use this application, you must complete a compliance questionnaire for each adult member of the household.

Please note that this application may not be modified; If you choose to use your own application, you must use the IFA Compliance Questionnaire for each adult member of the household. This application will be listed under Sample Forms, but contains a forward as to its proper usage.

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? | Yes  No |
| Date Received: |  | Time Received: | Received by (agent): | Initial App  Recert App | |

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>

**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: |  |
|  | |

1. 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:

1. I have filed for bankruptcy  Yes  No
2. I have been convicted of a felony  Yes  No
3. I have been convicted for dealing or manufacturing illegal drugs  Yes  No
4. I have been convicted of property damage  Yes  No
5. I have been evicted from a rental unit (including an apartment, home, mobile home or trailer  Yes  No
6. Have you been a student in the past 12 months?  Yes  No
7. Are you currently a student or do you plan to become a student in the next 12 months?  Yes  No
8. Will you or anyone in your household require a live-in care attendant?  Yes  No
9. Will your household be receiving Section 8 rental assistance at the time of move-in?  Yes  No
10. Will your household be eligible or are you applying to receive Section 8 rental assistance in the next 12 months?  Yes  No

**CURRENT HOUSING STATUS:**

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

*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, and 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 |  |  | $ |
| 2. | Savings accounts |  |  | $ |
| 3. | Certificates of deposit (CDs), money market accounts or treasury bills |  |  | $ |
| 4. | Stocks, bonds, mutual funds or securities |  |  | $ |
| 5. | Any capital gains (assets sold in excess of purchase price) during the previous 12 months |  |  | $ |
| 6. | Trust Funds |  |  | $ |
| 7. | IRA, KEOGH or other retirement accounts |  |  | $ |
| 8. | Cash on hand over $500 (other than money previously reported in checking or savings) |  |  | $ |
| 9. | Real estate, rental property, (land contracts/contract for deed or other real estate holdings) |  |  | $ |
| 10. | Have you sold, disposed or given away any property in the last two years? (i.e., charitable contributions > $500) |  |  | $ |
| 11. | Personal property held as an investment (such as paintings, coins, art work or antiques) |  |  | $ |
| 12. | Whole or universal life insurance policies (not including term policies) |  |  | $ |
| 13. | Pre-Paid Debit Card (Store Value/EBT Card/Reliacard) |  |  | $ |
| 14. | A safe deposit box with a monetary content of $500 or more |  |  | $ |

*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: |  |
|  | | | | | | | | | |
|  | 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 |  |