

Applicant Questionnaire LIHTC Program

Date & time received

For management office use:

Property Name & Address: Brooklyn Manor Apartments
3626 Brooklyn Avenue, Fort Wayne, IN 46809

Anticipated Move In Date: _____ Anticipated unit # _____
Is this a unit transfer? Yes No

Household Information:

Complete the following information for each household member that will occupy the unit at time of move-in:

Name <i>First, Middle Initial, Last</i>	Relationship to Head of Household	M/F	Social Security Number	Birthdate <i>Month, Date, Year</i>

Current Address: _____ Date Moved in: _____
 _____ (Zip) _____ Rent _____ Own _____
 Daytime Phone: (____) _____ Evening Phone: (____) _____

Answer either YES or NO to each question.

- | <u>YES</u> | <u>NO</u> | |
|-----------------------|-----------------------|---|
| <input type="radio"/> | <input type="radio"/> | 1. Do you expect any additions to the household within the next twelve months?
Name & Relationship: _____
Explanation: _____ |
| <input type="radio"/> | <input type="radio"/> | 2. Is there anyone living with you now who will not be living with you at this property?
Name & Relationship: _____
Explanation: _____ |
| <input type="radio"/> | <input type="radio"/> | 3. Do you have full custody of your child(ren)?
Explanation of custody arrangements: _____ |
| <input type="radio"/> | <input type="radio"/> | 4. Are there any absent household members who under normal conditions would live with you? (for example, a household member away in the military)
Explanation: _____ |
| <input type="radio"/> | <input type="radio"/> | 5. Does your household have or anticipate having any pets other than those used as service animals?
Type: _____ Weight: _____ |

Housing References:

List the past THREE years of housing references. *(If additional space is required, use the back of this page.)*

	<u>Landlord's Name/Address</u>	<u>Your Address</u>	<u>Own/Rent</u>	<u>Dates</u>
1.	_____	_____	Own <input type="radio"/>	Move in: _____
	_____	_____	Rent <input type="radio"/>	Move out: _____
	Phone: () _____	_____		_____
2.	_____	_____	Own <input type="radio"/>	Move in: _____
	_____	_____	Rent <input type="radio"/>	Move out: _____
	Phone: () _____	_____		_____
3.	_____	_____	Own <input type="radio"/>	Move in: _____
	_____	_____	Rent <input type="radio"/>	Move out: _____
	Phone: () _____	_____		_____

<u>YES</u>	<u>NO</u>	
<input type="radio"/>	<input type="radio"/>	Have you or any one else named on this application filed bankruptcy?
		Explanation: _____
<input type="radio"/>	<input type="radio"/>	Have you or any one else named on this application been convicted of a felony?
		Explanation: _____
<input type="radio"/>	<input type="radio"/>	Have you or any one else named on this application been convicted for dealing or manufacturing illegal drugs?
		Explanation: _____
<input type="radio"/>	<input type="radio"/>	Have you or any one else named on this application been convicted of property damage?
		Explanation: _____
<input type="radio"/>	<input type="radio"/>	Have you ever been evicted from a rental unit of any type including an apartment, home, mobile home or trailer?
		Explanation: _____

Personal Reference:

List a personal reference other than a relative.

1. Name/Address of Reference

_____ Phone: () _____

_____ Relationship: _____

Vehicle Identification:

1. License #: _____ State Issued: _____ Make/Model/Year: _____

2. License #: _____ State Issued: _____ Make/Model/Year: _____

Emergency Contact:

Name/Address (If possible list someone in the area that is not listed on the application.)

Phone: ()

Relationship:

Answer each question either YES or NO.

Income Information:

Include all income anticipated for the next 12 months. Include the dollar (\$) amount in the space provided.

(Check either YES or NO to each question.)

Do YOU or ANYONE in your household receive OR expect to receive income from:

YES NO

o o 1. **Employment wages or salaries?**

(Include overtime, tips, bonuses, commissions and payments received in cash.)

<u>Source</u>	<u>Household Member</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

o o 2. **Self-employment?** *(Attach Federal Tax Return or Profit and Loss Statements)*

<u>Source</u>	<u>Household Member</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

o o 3. **Regular pay as a member of the Armed Forces?**

<u>Source</u>	<u>Household Member</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

o o 4. **Unemployment benefits or workman's compensation?**

<u>Source</u>	<u>Household Member</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

o o 5. **Public Assistance, General Relief or Aid to Families with Dependent Children**
(AFDC or TANF)?

<u>Source</u>	<u>Household Member</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

0 0 6. **Child support or alimony?** *(Any AWARDED amounts—collected or uncollected)*

<u>Source</u>	<u>Household Member</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

Yes No
0 0 7. **Social Security, SSI or any other payments from the Social Security Administration?**

<u>Source</u>	<u>Household Member</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

0 0 8. **UNEARNED Income from family members age 17 or under (example: Social Security, SSI or Trust Fund disbursements)?**

<u>Source</u>	<u>Household Member</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

0 0 9. **Veteran's benefits, pensions, retirement benefits or annuities?**

<u>Source</u>	<u>Household Member</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

0 0 10. **Severance payments?**

<u>Source</u>	<u>Household Member</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

0 0 11. **Settlements?** *(Such as insurance settlements)*

<u>Source</u>	<u>Household Member</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

0 0 12. **Disability, death benefits or life insurance dividends (other than Social Security)?**

<u>Source</u>	<u>Household Member</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

0 0 13. **Regular gifts or payments from anyone outside of the household?**
(This includes anyone supplementing your income or paying any of your bills.)

<u>Source</u>	<u>Household Member</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Yes No
 0 0

14. **Lottery winnings or inheritances?**

<u>Source</u>	<u>Household Member</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

0 0 15. **Payments from rental property, land contracts or other forms of real estate?**

<u>Source</u>	<u>Household Member</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

0 0 16. **Any other income sources or types not listed?**

<u>Source</u>	<u>Household Member</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

Asset Information:

Include all assets held and the corresponding annual interest rate, dividends or any other income derived from the asset. An asset is defined as any lump sum amount that you hold and currently have access to. Include the value of the asset and corresponding income from the asset in the space provided.

**Include ALL assets held by ALL household members including minors.
 Do YOU or ANYONE in your household hold:**

YES NO

0 0 1. **Checking or savings accounts?**

<u>Source</u>	<u>Household Member</u>	<u>Amount</u>	<u>Account #</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

0 0 2. **CDs, money market accounts or treasury bills?**

<u>Source</u>	<u>Household Member</u>	<u>Amount</u>	<u>Account #</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

0 0

3. Stocks, bonds or securities?

<u>Source</u>	<u>Household Member</u>	<u>Amount</u>	<u>Account #</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Yes No

0 0

4. Trust funds?

<u>Source</u>	<u>Household Member</u>	<u>Amount</u>	<u>Account #</u>
_____	_____	_____	_____
_____	_____	_____	_____

0 0

5. Pensions, IRAs, KEOGH, 401K or other retirement accounts?

<u>Source</u>	<u>Household Member</u>	<u>Amount</u>	<u>Account #</u>
_____	_____	_____	_____
_____	_____	_____	_____

0 0

6. Cash on hand over \$500? (Monies not currently held in bank accounts)

Household Member: _____

Amount: _____

YES NO

0 0

7. Real estate, rental property, land contracts/contract for deeds or other real estate holdings? (Include personal residence, mobile homes, vacant land, farms, vacation homes, etc.)

<u>Type</u>	<u>Household Member</u>	<u>Value</u>
_____	_____	_____
_____	_____	_____

0 0

8. Personal property as an investment? (Attach appraisal)
(This includes paintings, coin or stamp collections, artwork, collector or show cars, and antiques.)

<u>Type</u>	<u>Household Member</u>	<u>Value</u>
_____	_____	_____
_____	_____	_____

0 0

9. A safe deposit box?

Household Member: _____

Monetary Value of Contents: _____

0 0

10. Have you or any household member disposed of or given away any assets for LESS than fair market value within the past 2 years?

Household Member: _____

Amount: _____

Explanation: _____

o o 11. A Whole Life Insurance Policy?

Type	Household Member	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____

YES NO

- o o 1. Are YOU or is ANY OTHER ADULT member of your household claiming zero income? If so, who? _____

Student Information:

YES NO

- o o 1. Are YOU or is ANYONE (18 or older) in your household currently a full-time student, or planning to be one within the next 12 months? If so, who? _____

IF YES, CONTINUE WITH THE FOLLOWING QUESTIONS:
(You will need to provide verification of all items to which you answered YES.)

- o o a. Are you married and currently filing a joint tax return? *(Attach copy)*
- o o b. Are you receiving AFDC (Aid to Families with Dependent Children)?
- o o c. Are you enrolled in the Job Training Partnership Act (JTPA) or another similar local, county or state program? *Contact Name: _____*
Phone: _____
- o o d. Are you a single parent with child(ren) and neither you nor the child(ren) are dependents on anyone else's tax return? *(Attach copy)*

Live-In Care Attendant:

YES NO

- o o 1. Will you or anyone in your household require a live-in care attendant? *(Attach Doctor verification)*
- Name of Live-in Care Attendant: _____
- Relationship *(if any)*: _____

Section 8 Rental Assistance:

YES NO

- o o 1. Will your household be receiving Section 8 rental assistance?
- Name of Agency: _____
- Contact Person Name: _____
- o o 2. Will your household be eligible or are you applying to receive Section 8 rental assistance in the next 12 months?
- Explanation: _____
- Name of Agency: _____

All questions that were answered YES will be verified through the appropriate third-party source. It will be your responsibility to provide management with all necessary information to properly process your application and verify your eligibility. This will include names, addresses, phone and fax numbers, account numbers where applicable and any other information required to expedite this process.

Signature Clause: I understand that management is relying on this information to prove my household's eligibility for the Low Income Housing Tax Credit Program. I certify that all information and answers to the above questions are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may result in criminal penalties.

I authorize my consent to have management verify the information contained in this application for purposes of proving my eligibility for occupancy. I will provide all necessary information and expedite this process in anyway possible. I understand that my occupancy is contingent on meeting management's resident selection criteria and the Low Income Housing Tax Credit Program requirements.

All ADULT household members must sign below:

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

For Office Use Only

Date of Interview: _____ Date Mailed Verifications: _____ Date Recertification. Due: _____