

# TAX CREDIT APPLICATION

Development: \_\_\_\_\_ Unit #: \_\_\_\_\_ #Bedrooms \_\_\_\_\_ Anticipated Move-In Date: \_\_\_\_\_

Other Needs: \_\_\_\_\_ Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

All applicants 18 years of age and older, not related by blood, marriage or adoption, must complete their own application.

PERSONS OCCUPYING THE UNIT			RELATIONSHIP	SOCIAL SECURITY NUMBER	DATE OF BIRTH	STUDENT (Circle One)	
Last	First	Middle				Y	N
			Head			Y	N
						Y	N
						Y	N
						Y	N
						Y	N
						Y	N

Proof of age will be requested if you are applying to live in a designated Elderly Development. Acceptable age verifications include a copy of: (1) a Birth Certificate, (2) a valid State Driver's License or (3) a valid State I.D. Card.

**A. General Information**

1. Do you own a pet?      Yes    No    If yes, what kind? \_\_\_\_\_ Weight \_\_\_\_\_
2. Have you ever filed bankruptcy:    Yes    No    If yes, please explain (include dates): \_\_\_\_\_
3. Have you ever been convicted of a felony?    Yes    No    If yes, please explain: \_\_\_\_\_
4. Have you ever been evicted from an apartment for any reason?    Yes    No  
If yes, please explain: \_\_\_\_\_

**B. Housing Reference** (List all residences and applicable landlord reference in the past three years.) (BPI 30)

Present Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 From \_\_\_\_\_ To \_\_\_\_\_ (Mth/Yr) \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
 Do you own this residence?     YES     NO    If NO, do you rent this residence?     YES     NO  
 Landlord \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_ Landlord phone # \_\_\_\_\_ Rent per month \_\_\_\_\_  
 Previous Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 From \_\_\_\_\_ To \_\_\_\_\_ (Mth/Yr) \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
 Do you own this residence?     YES     NO    If NO, do you rent this residence?     YES     NO  
 Landlord \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_ Landlord phone # \_\_\_\_\_ Rent per month \_\_\_\_\_

**C. Employment or Other Income Sources** (List all sources of income for all adult household members)

Income Source \_\_\_\_\_ Monthly Gross Income \$ \_\_\_\_\_  
 Contact Person \_\_\_\_\_ Phone Number ( ) \_\_\_\_\_  
 Income Source \_\_\_\_\_ Monthly Gross Income \$ \_\_\_\_\_  
 Contact Person \_\_\_\_\_ Phone Number ( ) \_\_\_\_\_

**D. Emergency Contact** (Other than person listed on application). Please list someone in the immediate area if possible.

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Home Phone Number( ) \_\_\_\_\_ Work Phone Number( ) \_\_\_\_\_

**E. Drivers License #:** \_\_\_\_\_ **State Issued:** \_\_\_\_\_



We encourage and support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, color, religion, sex, national origin, handicap or familial status.

©1999 Heartland Properties, Inc.  
 All Rights Reserved  
 9/01/99 HPI 315  
 w506  
 Page 1 of 3

- Y N 1. Are you or anyone in the household currently or soon to become a student? full-time  part-time  (HPI 16)  
*(A full time student is defined as someone who has been or will be a full-time student for 5 months this year.)*  
 List name of student(s): \_\_\_\_\_
- Y N 2. Are you separated, but not divorced from your spouse? (HPI 37)
- Y N 3. Are any household members temporarily absent?  
 Who? \_\_\_\_\_ How Long: \_\_\_\_\_
- Y N 4. Do you expect any changes to your household within the next 12 months? (HPI 36)  
 If yes, please explain: \_\_\_\_\_
- Y N 5. Are you receiving Section 8 Assistance? Agency \_\_\_\_\_ Phone # \_\_\_\_\_ (HPI 35)  
 Do you have a: Certificate \_\_\_\_\_ Voucher \_\_\_\_\_ (Circle One)

**ASSETS**

(HPI 39)

Please list where the asset(s) is held, the current value of each asset(s), and all income derived from the assets over the previous 12 months, for all household members. (Attach additional page(s) if necessary)

CIRCLE ONE	TYPE OF ASSET	WHERE HELD Please list addresses on attached form	BALANCE/VALUE	INTEREST Y OR N (amount)	HPI #
Y N	Checking Acct. #1				1
Y N	Checking Acct. #2				1
Y N	Savings Acct. #1				1
Y N	Savings Acct. #2				1
Y N	Trust Account				1
Y N	Certificate of Deposits				1
Y N	Certificate of Deposits				1
Y N	Certificate of Deposits				1
Y N	Money Markets				1
Y N	Mutual Funds				1
Y N	Pension/Annuity (NOT Paid Periodically)				7
Y N	IRA/Keough/401 K				11
Y N	Stocks/Bonds				11
Y N	Real Estate (FMV - Mortgage Balance)				12/19
Y N	Land Contract (provide amortization sche)				12
Y N	Personal Property/Investment				11
Y N	Cash kept at home - \$500 or more on hand, not in checking/savings account.				38
Y N	Safe Deposit Box in the past 2 years.				38
Y N	Lump Sum Payment				25
Y N	Assets disposed of in the past 2 years.				15
Y N	Whole Life Insurance Policy				11
Y N	Total Household Assets Less Than \$5,000				34



We encourage and support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, color, religion, sex, national origin, handicap or familial status.

©1999 Heartland Properties, Inc.  
 All Rights Reserved  
 9/01/99 HPI 315  
 w506

**INCOME**

Please indicate each source of **ESTIMATED ANNUAL** income that you receive or anticipate receiving in the next twelve (12) months.

CIRCLE ONE	DESCRIPTION	FAMILY MEMBER	SOURCE	INCOME	HPI #
Y N	Employment #1				2
Y N	Employment #2				2
Y N	Self - Employment (2 years taxes)				3
Y N	Social Security				4
Y N	Social Security (SSI)				4
Y N	Public Assistance				5
Y N	Veterans Benefit				6
Y N	Pension/Annuity (Periodic Payments)				7
Y N	Disability				21
Y N	Child Support/Alimony				8
Y N	Military Compensation				9
Y N	Unemployment				14
Y N	Rental Income/Land Contract Pymts.				10
Y N	Other Income				10
Y N	Lottery Payments (periodic)				10
Y N	Workers Compensation				10
Y N	Previous Employment				20
Y N	Unemployed/Zero Income				28
Y N	Anticipated Income				29
Y N	Recurring Gift				41
Y N	Housing Authority				

The undersigned certify that the information and statements provided above are true and complete to the best of my/our knowledge and belief. I/We consent to release the information in order to qualify for Section 42 Housing. I/We understand that providing false information or making false statements may be grounds for denial of my/our application and may subject me/us to criminal penalties. I/We agree to provide verifications of all income and assets as required by the Owner or its agent. I/We further authorize disclosure of all information which will verify my/our income and assets. I/We understand applicants must be eligible for the Section 42 Tax Credit program. Subject to approval, this will be my/our primary residence.

A credit check will be completed through a credit bureau. By completing this application, applicant grants management permission to confirm the above information supplied by applicant. The Fair Credit Reporting Act requires that management discloses to applicant that an investigative consumer report including information as to applicant's character, general reputation, personal characteristics and mode of living will be made.

**Each Applicant 18 years of age or older must sign and date below.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Property Manager is acting on behalf of and performing compliance services for the owner.



We encourage and support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, color, religion, sex, national origin, handicap or familial status.

©1999 Heartland Properties, Inc.  
All Rights Reserved  
9/01/99 HPI 315  
w506



**LESS THAN \$5,000 OF ASSETS AFFIDAVIT**

DATE: \_\_\_\_\_ APT. #: \_\_\_\_\_  
 DEVELOPMENT NAME: \_\_\_\_\_

I, \_\_\_\_\_, duly state that the total cash value of all of my assets as of \_\_\_\_\_ date is:

ASSET TYPE	CASH VALUE	ESTIMATED ANNUAL INCOME FROM ASSETS
1. Checking	\$	\$
2. Savings	\$	\$
3. CDs	\$	\$
4. Stocks/Bonds/Mutual Funds	\$	\$
5. IRAs/Pensions/KEOGH	\$	\$
6. Real Estate/Land Contracts	\$	\$
7. Annuity	\$	\$
8. Money Markets	\$	\$
9. Whole Life Insurance Policies	\$	\$
10. Lump Sum Received in the Past	\$	\$
11. Other Investments	\$	\$
<b>TOTAL</b>	\$	\$

I/We do not have any assets at this time  
 (Circle One) YES NO

Have you disposed of any assets (ie. given away money/assets) for less than fair market value in the past two years?  
 (Circle One) YES NO

Please list the Fair Market Value \$ \_\_\_\_\_ Amount Received \$ \_\_\_\_\_

**Asset:** For purposes of qualifying for a tax credit set-aside apartment, the assets that are counted towards income eligibility are all assets that are not of a personal nature, (i.e., family car, furniture, weddings rings). All other assets need to be included.

**Cash Value:** Balance after any costs incurred from converting the asset(s) to cash have been subtracted. (Example: Broker's fees, mortgage balances, and closing costs are subtracted from the sale price of real estate).

I hereby certify that the information provided above is accurate and complete to the best of my knowledge. I consent to release such information in order to comply with government regulations regarding allocation of tax credit housing. I understand that providing false or misleading information under oath may subject me to criminal penalties. I fully understand the information requested and the ramifications of my breach of this agreement.

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

Subscribed and sworn to before me under oath this \_\_\_\_\_ day of \_\_\_\_\_, Year \_\_\_\_\_

Signature of Notary Public \_\_\_\_\_

Notary Public, State of \_\_\_\_\_ My commission expires \_\_\_\_\_, Year \_\_\_\_\_



OFFICE USE ONLY:



**AUTHORIZATION FOR RELEASE OF INFORMATION FORM**

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
TEL #: \_\_\_\_\_

DATE: \_\_\_\_\_ APT. #: \_\_\_\_\_  
DEVELOPMENT NAME: \_\_\_\_\_  
APPLICANT/RESIDENT: \_\_\_\_\_

FROM: TEAM Management, LLC  
3816 W. Wisconsin Ave Milwaukee, WI 53208  
Tel #: (414)273-8326 Fax #: (414) 273-8111

In order to comply with federal regulations requesting verification on all income, assets and allowances for residents of tax credit housing, please complete the following information and return it as soon as possible to the above address.

**AUTHORIZATION:**

I/We hereby authorize release of any information requested by \_\_\_\_\_ regarding my/our income, assets, and allowances. I/We understand and agree that photocopies of this authorization may be used for the purpose stated above.

Applicant/Resident Signature \_\_\_\_\_ Date \_\_\_\_\_ Social Security Number(s) \_\_\_\_\_

Applicant/Resident Signature \_\_\_\_\_ Date \_\_\_\_\_ Social Security Number(s) \_\_\_\_\_

**TERMS AND CONDITIONS:**

The above named organization, its subsidiaries or managing agents may obtain information regarding my income, assets, expenses and household status for purposes of determining my eligibility for participation in the following affordable housing programs:

- Low Income Housing Tax Credit Program - Section 42
- HUD Housing Assistance Payments Program - Section 8
- RECD Rental Assistance Program - Section 515

The information obtained will only be used for determining eligibility in said programs and will be kept confidential and not released outside of this scope.

This release for information will expire thirteen (13) months from the date of signature.

**OFFICE USE ONLY:**



**NON FULL-TIME STUDENT CERTIFICATION**

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
TEL.#: \_\_\_\_\_

DATE: \_\_\_\_\_ APT. #: \_\_\_\_\_  
DEVELOPMENT NAME: \_\_\_\_\_  
APPLICANT/RESIDENT: \_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_, duly state that I am not currently a full-time student, nor do I anticipate becoming a full-time student in the next 12 months. I will notify management immediately of any change in my student status. I understand that my household will not qualify to occupy a Tax Credit apartment, and we will vacate our apartment immediately if all household members are or become full-time students, and none of the exceptions are met.

I certify that the information and statements provided above are true and complete to the best of my knowledge and belief. I consent to release the information in order to qualify for Section 42 Housing. I understand that providing false information or making false statements may be grounds for denial of my application and may subject me to criminal penalties. I understand applicants/residents must be eligible for the Section 42 Tax Credit Program.

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

\_\_\_\_\_  
Date

 OFFICE USE ONLY:

--	--

# STUDENT STATUS AFFIDAVIT

Date \_\_\_\_\_

Applicant/Resident \_\_\_\_\_

Property/Unit # \_\_\_\_\_

This rental community has received funding from a program which does not generally allow occupancy by households comprised entirely of full-time students. The following information is requested as part of the household qualification process. Please mark the applicable item(s).

- A. \_\_\_\_\_ I am NOT a student and do not anticipate enrolling as a student in the upcoming certification year.
- B. \_\_\_\_\_ I anticipate enrolling as a student in the upcoming certification year.
- C. \_\_\_\_\_ I am a part-time student and expect to remain a part-time student in the upcoming certification year.
- D. \_\_\_\_\_ I am a full-time student and offer the following explanation for eligibility consideration:
1. \_\_\_\_\_ I am married and filing a joint federal tax return with my spouse.
  2. \_\_\_\_\_ I am a single parent with a minor child (ren) and I am not dependent of someone else NOR is my child (ren) a dependent of someone other than his/her parent.
  3. \_\_\_\_\_ I receive Temporary Assistance for Needy Families (TANF) payments or other benefits under Title IV of the Social Security Act (W2, MFIP, etc).
  4. \_\_\_\_\_ I am enrolled in a job training program receiving assistance under the Job Training Partnership Act (JTPA) or other similar federal, state or local program.
  5. \_\_\_\_\_ I or another student household member was previously under foster care within 5 years of the effective date of this income certification.
  6. \_\_\_\_\_ There is a non-full time student living in the household including infants and children not yet school age.

Under penalty of perjury, I certify that the information presented in this affidavit is true and accurate to the best of my knowledge. The undersigned further understands that proving false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement. I will provide proof of credit hours or other documentation that may require for each school term during my occupancy of a unit at this rental community.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner Representative

\_\_\_\_\_  
Date

## TENANT DEMOGRAPHIC PROFILE

Property Name: \_\_\_\_\_ Unit #: \_\_\_\_\_  
 Name of Household: \_\_\_\_\_

We request the following information in order to comply with the Housing and Economic Recovery Act (HBRA) of 2008, which requires all Low Income Housing Tax Credit (LIHTC) properties to collect and submit to the U.S. Department of Housing and Urban Development (HUD), certain demographic and economic information on tenants residing in LIHTC financed properties. Although we would appreciate receiving this information, you may choose not to furnish it. You will not be discriminated against on the basis of this information, or on whether or not you choose to furnish it. If you do not wish to furnish this information, please check the box at the bottom of the page and initial.

Effective Date of Certification: \_\_\_\_\_ (YYYY/MM/DD)  
 Household Size at Move-in Certification: \_\_\_\_\_

Enter both Ethnicity and Race codes for existing household members (see below for codes).

HH Mbr#	Household Members Name	M or F	Age	Race	Ethnicity	Disabled (Y or N)
1						
2						
3						
4						
5						
6						

- The Following Race Codes should be used:
- 1 - White - A person having origins in any of the original people of Europe, the Middle East or North Africa.
  - 2 - Black/African American - A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" apply to this category.
  - 3 - American Indian/Alaska Native - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
  - 4 - Asian - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
  - 5 - Native Hawaiian/Other Pacific Islander - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

- Note: Multiple racial categories may be indicated as such: 31 - American Indian/Alaska Native & White, 41 - Asian & White, etc.*
- The Following Ethnicity Codes should be used:
- 1 - Hispanic - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. Terms such as "Latino" or "Spanish Origin" apply to this category.
  - 2 - Not Hispanic - A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Disability Status:  
 Check "Y" if any member of the household is disabled according to Fair Housing Act definition for handicap (disability):  
 A physical or mental impairment which substantially limits one or more major life activities; a record of such an impairment; or being regarded as having such an impairment. For a definition of "physical or mental impairment and other terms used, please see 24 CFR 100.201, available at [http://www.fairhousing.com/index.cfm?method=page.display&pageName=regs\\_fhr\\_100-201](http://www.fairhousing.com/index.cfm?method=page.display&pageName=regs_fhr_100-201).

Resident/Applicant: I do not wish to furnish information regarding ethnicity, race and other household composition.  
 (Initials) \_\_\_\_\_  
 (HH #) 1. 2. 3. 4. 5. 6. 7. \_\_\_\_\_

Signature of Head of Household \_\_\_\_\_ Date \_\_\_\_\_