

REGION V COMMUNITY DEVELOPMENT CORPORATION

Application For Housing

A SEPARATE APPLICATION MUST BE COMPLETED BY EVERY ADULT MEMBER OF THE HOUSEHOLD NOT RELATED BY BLOOD, MARRIAGE OR ADOPTION. (PLEASE PRINT ANSWERS USING AN INK PEN).

Household Information:

List the legal name of all household members that are applying to live in this apartment with you. Start with the head of household, then spouse or co-head, then minors (oldest to youngest), and then any other adults.

#	Full Legal Name <i>Last, First, Middle Initial</i>	M/F	Relationship to Head of Household	Social Security Number	Birthdate <i>Month/Date/Year</i>	AGE
1			HEAD			
2						
3						
4						
5						
6						

What is your current address?

Street address: _____
Street
City
State
Zip

Mailing address: _____
Street or PO Box
City
State
Zip

Home Tel. (____) _____ Work Tel. (____) _____ Other Tel. (____) _____

E-mail address: _____

If we were unable to reach you or in case of an emergency?

Name: _____ Tel. (____) _____ Years Known: _____

Address: _____ Relationship: _____

Applicant Status:

Please check YES or NO for the following questions. Please make sure you have answered every question completely. If you check YES, include the additional requested information. If the question does not apply, check NO. When finished, briefly check to make sure that a YES or NO response has been indicated for every question. An incomplete answer or missed question WILL delay the processing of your Application For Housing.

YES NO

1. Do you expect anyone to move in or out of the household within the next twelve- (12) months?

Name & Relationship: _____

Explanation: _____

YES NO

2. Is there anyone living with you now who won't be living with you at this property?

Name & Relationship: _____

Explanation: _____

3. Do you have full custody of your child(ren)?

Explanation: _____

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: _____

5. Are you or any other household members (including minors) currently a full-time student or expect to be one in the next twelve- (12) months?

Household Member(s): _____

6. Will you or any ADULT household member require a live-in care attendant to live independently?

Name of Attendant: _____

Relationship (if any): _____

7. Will your household be receiving Section 8 rental assistance at time of move-in?

Name of Agency: _____

Contact Person: _____ Ph: _____

8. Will your household be eligible or are you applying to receive Section 8 rental assistance in the next twelve- (12) months?

Expected Date: _____

Name of Agency: _____

Contact Person: _____ Ph: _____

9. Does your household have or anticipate any pets other than those used as service animals?

(continued on next page)

Income Information:

Income is counted for anyone eighteen- (18) or older (unless legally emancipated). However, if the income is unearned income such as a grant or social security benefit, it is counted for all household members including minors.

Include ALL income anticipated for the next twelve- (12) months.
Do YOU or ANYONE in your household receive OR expect to receive income from:

YES NO

10. Regular payments from inheritances or lottery winnings?

Household Member(s): _____ Gross Amt./Frequency \$ _____ /

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

YES NO

11. Employment wages or salaries? (Include fees, tips, bonuses, overtime, money for services, commissions, and payments received in cash.)

<u>Household Member</u>	<u>Name of Employer</u>	<u>Date of Hire</u>	<u>Gross Earnings</u>	<u>Frequency</u>
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____

12. Self-employment? (Include fees, tips, bonuses, overtime, money for services, commissions, and payments received in cash.)

<u>Household Member</u>	<u>Type of Business</u>	<u>Years in Busn.</u>	<u>Gross Earnings</u>	<u>Frequency</u>
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____

13. Regular pay as a member of the Armed Forces (Military Pay)?

<u>Household Member</u>	<u>Base Name & Branch</u>	<u>Gross Earnings</u>	<u>Frequency</u>
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

14. Unemployment benefits or workman's compensation?

<u>Household Member</u>	<u>Agency</u>	<u>Gross Benefit</u>	<u>Frequency</u>
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

(continued on next page)

15. Public Assistance, General Relief or Aid to Families with Dependent Children (AFDC)?

<u>Household Member</u>	<u>Agency</u>	<u>Gross Benefit</u>	<u>Frequency</u>
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

16. Social Security, SSI or any other payments from the Social Security Administration?

<u>Household Member</u>	<u>SSA Office</u>	<u>Gross Benefit</u>	<u>Frequency</u>
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

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

YES NO

17. (a) Child support or Alimony? (We must count court-ordered support whether or not it is received unless legal action has been taken to remedy. We must also count support that is not court-ordered rather received directly from payor.)

<u>Household Member</u>	<u>Payor</u>	<u>Gross Amount</u>	<u>Frequency</u>
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

(b) How is the support received? (Check all that apply)

- Child Support Enforcement Agency Name of Agency: _____
- Court of Law Name of Court: _____
- Directly from Individual Name of Person: _____
- Other Explain: _____

(c) If money is not actually received, are you taking legal action to remedy?

Explanation: _____

18. Regular payments from a Veteran's benefit, pension, retirement benefit, or annuities?

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Gross Benefit</u>	<u>Frequency</u>
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

(continued on next page)

19. Regular payments from a severance package?

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Gross Benefit</u>	<u>Frequency</u>
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

20. Regular payments from any type of settlement? (For example, insurance settlements.)

<u>Household Member</u>	<u>Source of Settlement</u>	<u>Gross Amount</u>	<u>Frequency</u>
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

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

<u>Household Member</u>	<u>Source</u>	<u>Gross Amount</u>	<u>Frequency</u>
_____	_____	\$ _____	_____
		\$ _____	

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

YES NO

22. Educational grants, scholarships, or other student benefits?

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Gross Benefit</u>	<u>Frequency</u>
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

23. Regular payments from rental property or other types of real estate transactions?

<u>Household Member</u>	<u>Source</u>	<u>Gross Amount</u>	<u>Frequency</u>
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

24. Any other income sources or types not listed?

<u>Household Member</u>	<u>Source</u>	<u>Gross Amount</u>	<u>Frequency</u>
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

25. Do you or any other household members expect any changes to your income in the next twelve- (12) months?

Explanation: _____

26. Are you or any other ADULT household members claiming zero income?

Household Member: _____

Explanation: _____

27. Did you or any other household member file a Federal income tax return for the most recent year?

Household Member(s): _____

Asset Information:

Include all assets held and the income derived from the asset, INCLUDE ALL ASSETS HELD BY ALL HOUSEHOLD MEMBERS INCLUDING MINORS.

Do YOU or ANYONE in your household hold:

YES NO

28. Cash on hand over \$500?

<u>Household Member</u>	<u>Amount</u>	<u>Reason</u>
_____	\$ _____	_____
_____	\$ _____	_____

Do YOU or ANYONE in your household hold:

YES NO

29. Checking or savings account(s)?

<u>Household Member</u>	<u>Name of Bank</u>	<u>Type of Account</u>	<u>Current Balance</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

30. CDs, money market accounts, or treasury bills?

<u>Household Member</u>	<u>Type of Asset</u>	<u>Cash Value</u>	<u>Interest Rate</u>
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

31. Stocks, bonds, or securities?

<u>Household Member</u>	<u>Type of Asset</u>	<u>Cash Value</u>	<u>Annual Income</u>
_____	_____	\$ _____	\$ _____

(continued on next page)

32. Life Insurance Policies?

<u>Household Member</u>	<u>Type of Asset</u>	<u>Cash Value</u>	<u>Annual Income</u>
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

33. Trust funds?

<u>Household Member</u>	<u>Type of Asset</u>	<u>Cash Value</u>	<u>Annual Income</u>
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

34. Pensions, IRAs, Keogh, or other retirement accounts?

<u>Household Member</u>	<u>Type of Asset</u>	<u>Cash Value</u>	<u>Annual Income</u>
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

35. Real estate, rental property, land contracts/contract for deeds, or other real estate holdings? (This includes your personal residence, mobile homes, vacant land, farms, vacation homes or commercial property.)

<u>Household Member</u>	<u>Type of Asset</u>	<u>Cash Value</u>	<u>Annual Income</u>
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

36. A safe deposit box?

<u>Household Member</u>	<u>Household Member</u>	<u>Cash Value of All Assets</u>
		\$ _____

Do YOU or ANYONE in your household hold:

YES NO

37. Personal property held as an investment?

<u>Household Member</u>	<u>Type of Asset</u>	<u>Cash Value</u>	<u>Annual Income</u>
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

38. Have you or any other household members disposed of or given away any asset(s) for LESS than fair market value within the past twenty-four- (24) months?

Household Member: _____ Amount: \$ _____

Explanation:

Rental History:

YES NO

39. **Do you have a current lease?** If yes, Expiration date of lease: _____ Monthly rent \$ _____

40. **Do you own a waterbed?** If yes, Do you carry waterbed insurance? _____

41. **Have you or anyone else named on this application ever used a name other than the one(s) listed above?**
(For example, maiden name or married name.)

If yes, who and what name(s)? _____

42. **Have you or anyone else named on this application ever used a social security number other than the one(s) you listed above?**

If yes, for who? and list the SSN(s) used: _____

43. **Have you or anyone else named on this application ever filed for bankruptcy?**

Explanation: _____

44. **Have you or anyone else named on this application ever been convicted of a felony?**

Explanation: _____

45. **Have you or anyone else named on this application ever been engaged in the felonious use, sale, manufacture or distribution of controlled substances?**

If yes, who? when? where? what? _____

46. **Does anyone in your household currently use a controlled or illegal drug?**

If yes, please explain? _____

47. **Have you or anyone else named on this application been ever convicted of property damage?**

Explanation: _____

YES NO

48. **Have you or anyone else named on this application ever been sued for nonpayment of rent, or breached a lease?**

Explanation: _____

49. **Have you or anyone else named on this application ever been evicted from a rental unit of any type including an apartment, home, mobile home, or trailer?**

Explanation: _____

(continued on next page)

Housing References:

List **ALL** street addresses and **ALL** landlords (if applicable) during the past **THREE- (3) years beginning with your current address.** *NOTE: If left blank, your application will be returned to you.* (If additional space is required, use the back of this page).

<p style="text-align: center;"><u>Your Street Address</u></p> <p>_____ Own <input type="checkbox"/> \$ _____</p> <p>_____ Rent <input type="checkbox"/> \$ _____</p> <p>_____ Other <input type="checkbox"/> \$ _____</p> <p>(DATES) From: _____ To: PRESENT</p>	<p style="text-align: center;"><u>Owner/Landlord: Name, Address & Phone Number</u></p> <p>Name: _____</p> <p>Address: _____</p> <p>_____</p> <p>Phone: ()</p>
<p style="text-align: center;"><u>Your Street Address</u></p> <p>_____ Own <input type="checkbox"/> \$ _____</p> <p>_____ Rent <input type="checkbox"/> \$ _____</p> <p>_____ Other <input type="checkbox"/> \$ _____</p> <p>(DATES) From: _____ To: _____</p>	<p style="text-align: center;"><u>Owner/Landlord: Name, Address & Phone Number</u></p> <p>Name: _____</p> <p>Address: _____</p> <p>_____</p> <p>Phone: ()</p>
<p style="text-align: center;"><u>Your Street Address</u></p> <p>_____ Own <input type="checkbox"/> \$ _____</p> <p>_____ Rent <input type="checkbox"/> \$ _____</p> <p>_____ Other <input type="checkbox"/> \$ _____</p> <p>(DATES) From: _____ To: _____</p>	<p style="text-align: center;"><u>Owner/Landlord: Name, Address & Phone Number</u></p> <p>Name: _____</p> <p>Address: _____</p> <p>_____</p> <p>Phone: ()</p>

Credit References:

List **two- (2) credit references** (for example, auto payments, credit card accounts, other loans). *(NOTE: If you have none, write "N/A")*

Company	Account Number	Phone Number

Vehicle Identification:

List vehicle information for all vehicles that are owned or operated by any household member.

Owner's Name	Make	Model	Year	Color	Lic. Plate #	State Issued

(continued on next page)

Personal Reference:

List a personal reference who is not related to you by blood, marriage or adoption.

Name: _____ Tel. (_____) _____ Years Known: _____

Address: _____ Relationship: _____

Signature Clause:

I understand that the Region V Community Development Corporation (RVCDC) is relying on this information to prove my household's eligibility for the Low Income Housing Tax Credit Program and/or the HOME Investment Partnerships 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, making false statements or failure to disclose information requested on this application may be grounds for denial of my application and/or termination of tenancy. I also understand that such action is punishable under federal law.

I authorize my consent to have the RVCDC verify the information contained in this application for purposes of proving my eligibility for occupancy. I will provide all necessary information including source names, addresses, phone numbers, account numbers where applicable, and any other information required for expediting this process. I understand that my occupancy is contingent on meeting the RVCDC's resident selection criteria, the Low Income Housing Tax Credit Program requirements and/or the HOME Investment Partnerships Program requirements.

All ADULT household members must sign below:

Signature of Head: _____ Date: _____

Signature of Spouse or Co-head: _____ Date: _____

Signature of Other Adult: _____ Date: _____

For Office Use Only:

Appl. Mailed On: _____ Verifications Included: _____

Date Rec'd: _____ Desired Apartment #: _____ S.V. _____ G.V. _____

Time Rec'd: _____ Desired Move-in Date: _____ H.V. _____ HM. V. _____



FULL TIME STUDENT ELIGIBILITY SELF-AFFIDAVIT
Housing Credit Program

EXHIBIT W
10/08

Applicant/Resident Name: _____ Date: _____
 Initial Certification **Date of Expected Move-In:** _____
 Recertification (*Annual or Interim*) **Effective Date:** _____

You have applied to live in an apartment that is governed by the Housing Credit Program. This Program has restrictions on full-time students and requires us to determine student status. We must determine this prior to granting your eligibility and, if such eligibility is granted, each subsequent year you remain in the unit.

The Housing Credit Program defines a full-time student as an individual who attends school for 5 months – consecutive or not – out of the 12 month current January to December taxpayer year; meets the definition of full-time as described by the school in which s/he is attending; AND is in elementary school or higher.

STEP #1

List each household member (INCLUDING MINORS) and their CURRENT student status.

Head of Household: _____ Non-Student Part Time Full-Time
Household Member #2: _____ Non-Student Part Time Full-Time
Household Member #3: _____ Non-Student Part Time Full-Time

IF YOUR HOUSEHOLD CONTAINS NO STUDENTS, complete the attestation below:

I, _____ hereby attest that my household contains NO students at this time nor do I expect any one to become a student in the next 12 months BUT WILL NOTIFY MANAGEMENT IF THIS FACT CHANGES.

IF YOUR HOUSEHOLD CONTAINS PART-TIME STUDENT(S), list all such students below and the school attending.

Part-time Student #1: _____ School attending: _____

Part-time Student #2: _____ School attending: _____

The student(s) part-time status will be verified with the school indicated above. If it can be verified that the household contains at least ONE part-time student, the household will not be subject to the Housing Credit full-time student rule.

IF YOUR HOUSEHOLD IS ENTIRELY COMPRISED OF FULL-TIME STUDENT(S), please go to the next step.

STEP #2

Is anyone living in the household ELIGIBLE to file a joint tax return? Yes No

IF YES, indicate the name of the individual below and attach proof of joint filing status entitlement.

ATTACH: Proof of eligibility such as a copy of the marriage license or certificate or most recent tax return indicating joint filing status. If such proof can be provided the household will not be subject to the Housing Credit full-time student rule.

Name of Individual: _____ Eligible to file tax return jointly Currently filing tax return jointly

IF NO, go to the next page.

STEP #3

Answer the following questions.

Yes No 1. **Our household is currently receiving AFDC (Aid to Families with Dependent Children) or TANF (Temporary Assistance for Needy Families).**

ATTACH: A third-party verification of AFDC or TANF award. If such proof can be provided your household will be Housing Credit student eligible.

Yes No 2. **The household contains a full-time student that is was PREVIOUSLY under the care and placement responsibility of Child Welfare Services or a state foster care or state transitional independent living program.**

Name: _____

ATTACH: A verification of such past placement in either Child Welfare Services or a state foster care or state transitional independent living program.

Yes No 3. **The household contains a full-time student that is enrolled in a job training program with a mission to help individuals with serious barriers to entry into the workforce obtain job skills in order to gain gainful employment.**

Name: _____

ATTACH: A verification of enrollment & mission statement or other indication that the program meets the above stated mission to help individuals with of the program if not JTPA. If such proof can be provided your household will be Housing Credit student eligible.

Yes No 4. **I am a full-time student that is a single parent with child(ren) and I am not claimed as a dependent on anyone else's tax return and my child(ren) are either claimed on my tax return or their other parent's tax return.**

Tax Return Claimed	Name of Child	Name of absent parent (if claiming)
<input type="radio"/> My Return	<input type="radio"/> Other Parent's	_____
<input type="radio"/> My Return	<input type="radio"/> Other Parent's	_____
<input type="radio"/> My Return	<input type="radio"/> Other Parent's	_____

ATTACH: Provide a copy of your most recent tax return and each return reflecting a parent claimed each child in your household. If such proof can be provided your household will be Housing Credit student eligible.

I certify that the information given above is true and complete to the best of my knowledge. I understand that providing false or misleading information is a breach of my lease and may be subject to criminal penalties.

Signature of Head of Household: _____

Date: _____

Office Use Only:

Date

Calculations:

Received: _____

Release of Information Authorization

Date: _____

I/We authorize the Region V Community Development Corporation (RVCDC) to obtain information about me and/or my household that is pertinent to eligibility for participation in the RVCDC's housing programs.

This may include rental history, financial and credit reports, private or public benefit information, criminal activity reports, employment information/verification, medical and childcare expenses, family composition, or handicapped assistance expenses.

I/We agree this Authorization may be photocopied and used in the future for recertification and or forwarding address information for the RVCDC's housing programs.

I/We hereby indemnify and hold harmless the RVCDC, its employees, agents, and assigns, and all other individuals or entities contacted by the RVCDC from all causes of action, expenses, losses or damages of any kind arising from or related to information obtained from this Authorization.

If I/We do not sign this Authorization, I/we also understand that my/our application may be denied or terminated.

Head of Household

Social Security Number

Spouse or Co-Head of Household

Social Security Number

Other Adult Member of Household

Social Security Number