



TAX CREDIT APPLICATION / RECERTIFICATION

Development Name: _____

Property & Unit #: _____

Marketing Source: _____ Rent Amount \$ _____

Anticipated Move-in Date / Renewal Date: _____

Number of Bedrooms Needed: _____

Date Rcvd: _____ Time Rcvd: _____

CONTACT PHONE: _____

EMAIL ADDRESS: _____

COMPLETE ENTIRE APPLICATION THOROUGHLY, CIRCLE ALL QUESTIONS & PROVIDE ADDITIONAL DATA AS REQUESTED

All Applicants 18 years of age & older must complete their own application & provide a current government issued photo ID when applying.

LIST ALL PERSONS TO OCCUPY UNIT LAST NAME FIRST MI	RELATIONSHIP	SOCIAL SECURITY # - (Only for Applicants 18 Years and Older)	DATE OF BIRTH	FULL-TIME STUDENT? (Currently or will be within next 12 months or have been in the current year)
				Yes No _____ Initials
				Yes No _____ Initials
				Yes No _____ Initials
				Yes No _____ Initials
				Yes No _____ Initials
				Yes No _____ Initials

↓ ONLY NEW APPLICANTS & NEW HOUSEHOLD MEMBERS ARE REQUIRED TO COMPLETE THIS SECTION ↓

Do you own a pet? YES NO If yes, what kind? _____ Weight: _____

Drivers license number & state issued in: _____

Provide Housing History for Last Two Years:

Present Address: _____ City: _____ State: _____ Zip _____

Dates resided here (month / year): From _____ To _____

Did you own this residence? YES NO If no, did you rent this residence? YES NO Rent/mo: _____

Reason for leaving: _____

Previous Address: _____ City: _____ State: _____ Zip _____

Dates resided here (month / year): From _____ To _____

Did you own this residence? YES NO If no, did you rent this residence? YES NO Rent/mo: _____

Reason for leaving: _____

EMERGENCY CONTACT: (Other than person listed on application, please list someone in the immediate area if possible.)

Name: _____ Relationship: _____

Home Phone: _____ Alternate Phone: _____



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.



ASSETS

To the best of your knowledge, list where each asset is held, the current cash value, and all earnings derived in the previous 12 months.

List all assets for all household members except those of personal nature such as family cars, furniture, wedding rings etc.

CIRCLE ONE	TYPE OF ASSET	NAME OF PLACE WHERE ASSET IS HELD	BALANCE / CASH VALUE	ASSET EARNINGS IN 12 MO.	TC Form#
Y N	Checking (1)		\$	\$ / %	1
Y N	Checking (2)		\$	\$ / %	1
Y N	Savings (1)		\$	\$ / %	1
Y N	Savings (2)		\$	\$ / %	1
Y N	Trust		\$	\$ / %	1
Y N	CD - Cert. Of Deposit (1)		\$	\$ / %	1
Y N	CD - Cert. Of Deposit (2)		\$	\$ / %	1
Y N	Money Market		\$	\$ / %	1
Y N	Mutual Fund		\$	\$ / %	11
Y N	Stocks / Bonds		\$	\$ / %	11
Y N	Annuity/Pension – held as asset; not in payment/no regular withdrawals		\$	\$ / %	11
Y N	IRA / Keough / 401K		\$	\$ / %	11
Y N	WHOLE Life Insurance		\$	\$ / %	11
Y N	Real Estate and/or Land Contracts		\$	\$ / %	19
Y N	Lump Sum Payment		\$	\$ / %	25
Y N	Safe Deposit Box		\$	\$ / %	38
Y N	Do you have more than \$500 CASH currently on hand?				38
Y N	Are total “household” assets less than \$5,000? (Assets not for personal use)				34
Y N	Have you disposed of / given away any assets for less than fair market value in the past 2 yrs?				15

REGULAR RECURRING INCOME

List the source of each income, the household member who receives it, and the estimated amount anticipated in the next 12 months.

Income is any regular or periodic payments or money received by adult household members, excluding asset income listed above.

CIRCLE ONE	TYPE OF INCOME	NAME OF PLACE WHERE INCOME IS DERIVED	HOUSEHOLD MEMBER	INCOME FOR NEXT 12 MO.	TC Form
Y N	Employment			\$	2/2a
Y N	Employment			\$	2/2a
Y N	Self Employment			\$	3
Y N	Retirement accounts with regular scheduled or required distributions			\$	11
Y N	Pension			\$	7
Y N	FEDERAL Social Security / SSI	Provide a copy of award letter(s)		\$	
Y N	STATE Social Security / SSI			\$	4
Y N	Disability Insurance Pay (NOT SSI)			\$	10
Y N	Unemployment Compensation			\$	14
Y N	Veterans Benefits / Military Pay			\$	6/9
Y N	Child Support / Alimony			\$	8/13
Y N	Public Assistance (NOT FoodShare)			\$	5
Y N	Recurring Money Gift			\$	41
Y N	Rental Income / Land Contract Pay			\$	10
Y N	Other Current or Anticipated Income not listed			\$	29

	Property #	Unit #	
1. Are any adult household members currently unemployed with zero income? If YES, who: _____	YES	NO	Form 28
2. Are you separated, but not divorced from your spouse?	YES	NO	Form 37
3. Are any household members temporarily absent (e.g., returning to the household within the next 12 months)? If yes, who & how long will they be absent? _____	YES	NO	
4. Are you currently or do you anticipate receiving Section 8 Rent Assistance? Agency name: _____ Contact Person/Case Worker: _____ Phone, Fax, Email: _____	YES	NO	Form 35
5. Do you anticipate any changes to your household size, income or assets in the next 12 months? Explain: _____	YES	NO	

The undersigned certify that the information and statements provided in this application are true and complete to the best of my knowledge and belief. 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 agree to provide verification of all income and assets as required by the Owner or its agent. Subject to approval, this will be my primary residence. This property uses a third party scoring model to screen credit and criminal history and the scoring parameters are subject to change. By completing this application and signing below, applicants grant Owner and its agents permission to confirm the above information supplied, as well as run criminal and credit background checks. The information obtained will only be used for determining eligibility in applicable housing 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.

EACH HOUSEHOLD MEMBER 18 YEARS OR OLDER MUST SIGN AND DATE BELOW

Signature _____	Date _____
Signature _____	Date _____
Signature _____	Date _____
Signature _____	Date _____

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

*The 2008 Housing and Economic Recovery Act (HERA) requires HUD to collect the following data for LIHTC Tenants: Race, Ethnicity, Family Composition, Age, Income, Use of Section 8 (or similar) Rent Assistance, Disability Status, Monthly Rental Payment, and data on social security numbers for each household member. Data collection does not apply to market rate units. These requirements are for tax credit properties in the initial 15-year compliance period or in the extended use period. **Rural Development Properties:** The information regarding race, ethnicity and gender solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service that the Federal laws prohibit discrimination against tenant applications on the basis of race, color, national origin, religion, gender, familial status, age, and disability are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note race, ethnicity, and gender of individual applicants on the basis of visual observation or surname.*

There is no penalty for persons who do not complete this section of the application.

Name	Race: <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White	Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Disabled/Handicap: <input type="checkbox"/> Yes <input type="checkbox"/> No
Name	Race: <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White	Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Disabled/Handicap: <input type="checkbox"/> Yes <input type="checkbox"/> No
Name	Race: <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White	Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Disabled/Handicap: <input type="checkbox"/> Yes <input type="checkbox"/> No
Name	Race: <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White	Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Disabled/Handicap: <input type="checkbox"/> Yes <input type="checkbox"/> No



ADDRESSES, PHONE NUMBERS, & IF POSSIBLE FAX NUMBERS MUST BE PROVIDED TO VERIFY INCOME & ASSETS

For residents renewing their lease at this time, provide data for new incomes & assets only, old accounts most likely on file.

Continue on back if more space is needed.

ASSETS	INCOMES
TYPE OF ASSET STATED ON APPLICATION:	TYPE OF INCOME STATED ON APPLICATION:
Where ASSET is Held:	Where INCOME is Derived
Account Number:	Contact Person
Phone Number:	Phone Number:
Fax # if possible:	Fax # if possible:
Complete Address:	Complete Address:
TYPE OF ASSET STATED ON APPLICATION:	TYPE OF INCOME STATED ON APPLICATION:
Where ASSET is Held:	Where INCOME is Derived
Account Number:	Contact Person
Phone Number:	Phone Number:
Fax # if possible:	Fax # if possible:
Complete Address:	Complete Address:
TYPE OF ASSET STATED ON APPLICATION:	TYPE OF INCOME STATED ON APPLICATION:
Where ASSET is Held:	Where INCOME is Derived
Account Number:	Contact Person
Phone Number:	Phone Number:
Fax # if possible:	Fax # if possible:
Complete Address:	Complete Address:
TYPE OF ASSET STATED ON APPLICATION:	TYPE OF INCOME STATED ON APPLICATION:
Where ASSET is Held:	Where INCOME is Derived
Account Number:	Contact Person
Phone Number:	Phone Number:
Fax # if possible:	Fax # if possible:
Complete Address:	Complete Address:
TYPE OF ASSET STATED ON APPLICATION:	TYPE OF INCOME STATED ON APPLICATION:
Where ASSET is Held:	Where INCOME is Derived
Account Number:	Contact Person
Phone Number:	Phone Number:
Fax # if possible:	Fax # if possible:
Complete Address:	Complete Address:



AUTHORIZATION FOR RELEASE OF INFORMATION

TO: VERIFICATIONS _____

DATE: _____ APT#: _____

DEVELOPMENT NAME:| _____ |

APPLICANT/RESIDENT: _____

EMAIL: _____

APPLICANT/RESIDENT: _____

TEL#: _____

APPLICANT/RESIDENT: _____

FAX#: _____

APPLICANT/RESIDENT: _____

FROM: | _____ |

| _____ |

| _____ |

EMAIL#:| _____ |

TEL#: | _____ |

FAX#: | _____ |

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

AUTHORIZATION:

I/We hereby authorize release of any information requested by **Oakbrook Corporation**, as agent of the Owner regarding my/our income, assets, allowances and tenant paid utility costs. I/We understand and agree that photocopies of this authorization may be used for the purposes stated above.

Applicant/Resident Signature

Date

Social Security Number(s)

Applicant/Resident Signature

Date

Social Security Number(s)

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 purpose of determining my eligibility for participation in any required affordable housing program, including but not limited to: Low INCOME Housing Tax Credit Program, HUD Housing Assistance Payments Program(s), TE Bond, HOME, USDA Rural Development.

The information obtained will only be used for determining eligibility in applicable housing 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: