

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: _____

How did you hear about us? _____

COMPLETE ENTIRE APPLICATION THOROUGHLY, ANSWER ALL QUESTIONS & PROVIDE ADDITIONAL DATA AS REQUESTED
All Applicants 18 years of age and older must complete their own application and provide a current government issued photo ID when applying.

LIST ALL PERSONS TO OCCUPY UNIT LAST NAME FIRST MI	RELATION- SHIP	SOCIAL SECURITY # - (Only for Applicants 18 Years and Older)	DATE OF BIRTH	FULL-TIME STUDENT? (Currently are; have been this calendar year; will be within the next 12 months)
	Applicant			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 ↓

Pet: YES NO If yes, Type: _____ Breed: _____ Weight: _____

Drivers license number and issuing state: _____

State ID number and issuing state: _____

Provide Housing History for Last Two Years: (attach additional page(s) if needed)

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(s) listed on application)

Name: _____ Relationship: _____

Home Phone: _____ Alternate Phone: _____

ASSETS

List ALL assets and where each asset is held, the current cash value, and all earnings derived in the previous 12 months. Do not include assets 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.	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		\$	\$ / %	19/12
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

INCOME

List the source of ALL income 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 Pay/Workman’s Comp.			\$	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 Gift(s)			\$	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 and how long will they be absent? _____	YES NO	Form 35
4. Are you currently or do you anticipate receiving Section 8 rental assistance? Agency name: _____ Contact Person/Caseworker: _____ Phone, Fax, Email: _____	YES NO	
5. Do you anticipate any changes to your household size, income or assets in the next 12 months? Explain: _____	YES NO	
6. Do you receive any non-cash assistance like FoodShare, Energy Assistance, etc.? (if yes, please provide benefit letter(s))	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/We 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/We agree to provide verification of all income and assets as required by the Owner or its agent. I/We certify that, if approved, this will be my/our 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

Applicant Signature _____	Date _____
Household Member Signature _____	Date _____
Household Member Signature _____	Date _____
Household Member 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.

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

<u>Name</u>	<u>Race:</u> <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	<u>Ethnicity:</u> <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	<u>Gender:</u> <input type="checkbox"/> Male <input type="checkbox"/> Female <u>Disabled/Handicap:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Name</u>	<u>Race:</u> <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	<u>Ethnicity:</u> <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	<u>Gender:</u> <input type="checkbox"/> Male <input type="checkbox"/> Female <u>Disabled/Handicap:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Name</u>	<u>Race:</u> <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	<u>Ethnicity:</u> <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	<u>Gender:</u> <input type="checkbox"/> Male <input type="checkbox"/> Female <u>Disabled/Handicap:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Name</u>	<u>Race:</u> <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	<u>Ethnicity:</u> <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	<u>Gender:</u> <input type="checkbox"/> Male <input type="checkbox"/> Female <u>Disabled/Handicap:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No



ADDRESSES, PHONE NUMBERS, AND FAX NUMBERS MUST BE PROVIDED TO VERIFY INCOME AND ASSETS

Attach additional page(s) if needed.

ASSETS	INCOME
TYPE OF ASSET STATED ON APPLICATION:	TYPE OF INCOME STATED ON APPLICATION:
Where ASSET is Held:	Source of INCOME:
Account Number:	Contact Person:
Phone Number:	Phone Number:
Fax Number:	Fax Number:
Address:	Address:
TYPE OF ASSET STATED ON APPLICATION:	TYPE OF INCOME STATED ON APPLICATION:
Where ASSET is Held:	Source of INCOME:
Account Number:	Contact Person
Phone Number:	Phone Number:
Fax Number:	Fax Number:
Address:	Address:
TYPE OF ASSET STATED ON APPLICATION:	TYPE OF INCOME STATED ON APPLICATION:
Where ASSET is Held:	Source of INCOME:
Account Number:	Contact Person
Phone Number:	Phone Number:
Fax Number:	Fax Number:
Address:	Address:
TYPE OF ASSET STATED ON APPLICATION:	TYPE OF INCOME STATED ON APPLICATION:
Where ASSET is Held:	Source of INCOME:
Account Number:	Contact Person
Phone Number:	Phone Number:
Fax Number:	Fax Number:
Address:	Address:
TYPE OF ASSET STATED ON APPLICATION:	TYPE OF INCOME STATED ON APPLICATION:
Where ASSET is Held:	Source of INCOME:
Account Number:	Contact Person:
Phone Number:	Phone Number:
Fax Number:	Fax Number:
Address:	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 regulations requesting verification of all income, assets, assistance, and expenses (medical/childcare) for residents of tax credit or other affordable housing programs, please complete the attached verification and return it as soon as possible.

AUTHORIZATION:

I/We hereby authorize release of any information requested by **Oakbrook Corporation**, as agent for Owner, regarding my/our income, assets, assistance, and expenses (medical/childcare). I/We understand and agree that photocopies of this authorization may be used for the purposes stated above.

_____	_____	_____
Applicant Signature	Date	Social Security Number(s)
_____	_____	_____
Household Member Signature	Date	Social Security Number(s)
_____	_____	_____
Household Member Signature	Date	Social Security Number(s)
_____	_____	_____
Household Member 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: