

Property Name: _____

Application Fee: \$10.00

<i>For Office Use Only</i>	
Date/Time Received: _____	Property # & Unit #: _____
Rent Amount: _____	Anticipated Move-in Date: _____
Applicant ID # and Issuing State: _____	

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. Birth Certificate required for all minors.

Applicant Phone: _____ **Applicant Email:** _____
Number of Bedrooms Needed: _____ **Desired Move-in Date:** _____

LIST ALL PERSONS TO OCCUPY UNIT LAST NAME FIRST MI	RELATIONSHIP	SOCIAL SECURITY # - <i>(Only for Applicants 18 Years and Older)</i>	DATE OF BIRTH	Marital Status <i>(Single/Married/Separated / Divorced/Widowed)</i>
	Applicant			

YES NO Do any household members require an accessible unit or accessible features?

YES NO Are any members of the household currently, have been in the current calendar year, or will be in next 12 months, a **student** (including, but not limited to, K-12, College, Trade School, etc.) **If YES, check one Full-Time Part-Time** and provide the name of household member (use additional page(s) if needed).

YES NO Do you have any pets? If yes, Type: _____ Breed: _____ Weight: _____

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 _____ 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. This institution is an equal opportunity provider.



INCOME

Answer ALL questions by circling Y (yes) or N (no). ALL income must be disclosed, and the estimated amount anticipated in the next 12 months. Income includes any regular or periodic income, payments, money, or gifts received by adult household members and all unearned income received on behalf of minors.

CIRCLE ONE	TYPE OF INCOME	NAME OF PLACE WHERE INCOME IS EARNED	CONTACT INFORMATION (if applicable) NAME/PHONE/FAX/EMAIL	ESTIMATED INCOME FOR NEXT 12 MONTHS
Y N	Employment - current			\$
Y N	Employment - current			\$
Y N	Previous Employment (in last 12 months)			\$
Y N	Self-Employment – includes GIG economy income			\$
Y N	Retirement accounts with regular scheduled or required distributions			\$
Y N	Pension			\$
Y N	FEDERAL Social Security	Provide a copy of award letter(s)		\$
Y N	FEDERAL SSI	Provide a copy of award letter(s)		\$
Y N	STATE Social Security	Provide a copy of award letter(s)		\$
Y N	Disability Pay/Workman’s Comp.			\$
Y N	Unemployment Compensation	Provide printout or benefit letter		\$
Y N	Veterans Benefits			\$
Y N	Military Pay			\$
Y N	Child Support			\$
Y N	Alimony			\$
Y N	Public Assistance (NOT Food Benefits)			\$
Y N	Recurring Gift(s) – (monetary or non-monetary in nature)			\$
Y N	Rental Income / Land Contract Pay			\$
Y N	Crowd Funding (e.g., GoFundMe Account)	Provide transaction history/current statement		\$
Y N	Other Current or Anticipated Income not listed			\$

ASSETS

Answer ALL questions by circling Y (yes) or N (no). ALL assets must be disclosed and where each asset is held and the current estimated cash value.

CIRCLE ONE	TYPE OF ASSET	NAME OF PLACE WHERE ASSET IS HELD	CONTACT INFORMATION (if applicable) NAME/PHONE/FAX/EMAIL	ESTIMATED BALANCE/CASH VALUE
Y N	Checking			\$
Y N	Checking			\$
Y N	Savings			\$
Y N	Savings			\$
Y N	Certificate of Deposit			\$
Y N	Trust Account			\$
Y N	Direct Express Card	Provide current balance printout		\$
Y N	Pre-paid Card	Provide current balance printout		\$
Y N	Peer-to-peer payment Apps (e.g., PayPal, Venmo, etc.)	Provide transaction history/current statement		\$
Y N	Money Market			\$
Y N	Mutual Funds			\$
Y N	Stocks/Bonds			\$
Y N	Annuity/Pension – held as asset, not in disbursement/no withdrawals			\$
Y N	IRA/401k/403(b)/Keogh			\$
Y N	WHOLE Life Insurance			\$
Y N	Real Estate Owned/Land Contract			\$
Y N	Lump Sum Payment			\$
Y N	Safe Deposit Box			\$
Y N	Virtual Currency (e.g., bitcoin)	Provide transaction history/current statement		\$
Y N	Any other asset not listed			\$

Y N	Total cash on hand is more than \$500 <i>(not including money held in the accounts listed above)</i>
Y N	Total assets are LESS than \$5,000 <i>(for whole household)</i>
Y N	Disposed of/given away assets for less than fair market value in the past 2 years

1. Are any adult household members currently unemployed? If YES, who? _____	[] YES [] NO
2. Are any household members temporarily absent? If YES, who and how long will they be absent? _____	[] YES [] NO
3. Are you currently receiving, or do you anticipate receiving Section 8 rental assistance? If YES, provide the following information: Agency name: _____ Contact Person/Caseworker: _____ Phone, Fax, Email: _____	[] YES [] NO
4. Do you anticipate any changes to your household size or income/assets in the next 12 months? If YES, explain: _____	[] YES [] NO
5. 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



AUTHORIZATION FOR RELEASE OF INFORMATION

TO: VERIFICATIONS

DATE: _____ APT#: _____

PROPERTY NAME: _____

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)

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:

