

APPLICATION for HUD/HOME FUNDS LOW-INCOME PROPERTY

Project Name _____ Initial Application _____
 Unit # _____ No. of Bedrooms _____ Move In Date _____ Annual Recertification _____
 Phone (home) _____ (work) _____

PART I - FAMILY COMPOSITION - To be completed by applicant

Directions to Applicant: Please complete the table below for each member of your household, whether or not those members are related. Include all members who you anticipate will live with you at least 50% of the time during the next 12 months. (A full time student is anyone who is enrolled for at least five calendar months for the number of hours or courses which are considered full-time attendance by that institution. The five calendar months need not be consecutive. By definition, all tenants of elementary or high school age are considered full time students.)

Name <u>ALL</u> People to Occupy Unit LAST NAME FIRST MI	DOB	Age	Sex	Relationship	Social Security #	Student? "Yes" or "No"	If "Yes" PT or FT
1.				HEAD			
2.							
3.							
4.							
5.							
6.							

Please complete the following questions:

- 1)
 - a) Spouse's Maiden Name: _____
 - b) Expected change in family size in next 12 months? (please describe) _____
 - c) Do you or any other adult members of the household anticipate a change to the current income information within the next 12 months (i.e. seeking employment, expecting child support/alimony, expecting a promotion, etc.)? YES _____ NO _____ (please describe) _____
- 2)
 - a) Are any of the students married and already filing a joint Federal Income Tax Return with their spouse? Yes _____ No _____ (If yes, and all household members are full time students, attach a copy of the Signed Federal Income Tax Return).
 - b) Are any of the students receiving assistance under Title IV of the Social Security Act, which includes but is not limited to AFDC? Yes _____ No _____
 - c) Are any of the students enrolled in a job training program receiving assistance under the Job Training Partnership Act or under similar Federal, State or local laws? Yes _____ No _____
 - d) Are any of the students a single parent with minor child(ren) and neither the student, nor any of the minor child(ren) in the household are claimed as a dependent of a third party? Yes _____ No _____ (If yes, and all household members are full time students, a signed copy of your Tax Return and Divorce Decree must be attached).
- 3) Does any adult member of the household anticipate enrolling in the next twelve (12) months as a student? Yes _____ No _____ If yes, who _____
 Name of School(s): _____ Address: _____
- (4) Current Marital Status: Single _____ Married _____ (date _____) Divorced _____ (date _____) Separated _____ (date _____) Widowed _____ (date _____)

PART II - HOUSEHOLD INCOME - To be completed by applicant

For questions (5) through (26), indicate the amount of anticipated income for all household members named in the table on page 1 (for minors, unearned income amounts only), during the 12 month period beginning this date. If you are uncertain which types of income must be included or may be excluded, please ask the management personnel for assistance.

(5)	Wages or salaries, (include overtime, tips, bonuses, commissions and payments received in cash)	\$	_____
(6)	Child support, (include child support you are entitled to but may not be receiving)	\$	_____
(7)	Alimony (include alimony you are entitled to but may not be receiving)	\$	_____
(8)	Social Security	\$	_____
(9)	Supplemental Security Income (SSI)	\$	_____
(10)	Public Assistance - ADC, General Relief, and/or Aid to Families w/Dependent Children (AFDC)	\$	_____
(11)	Veterans Administration benefits, pensions, retirement benefits or annuities	\$	_____
(12)	Pensions and or Retirement Funds	\$	_____
(13)	Unemployment Compensation	\$	_____
(14)	Income from Insurance Policies	\$	_____
(15)	Disability, Death Benefits and/or Life Insurance Dividends	\$	_____
(16)	Workers' Compensation	\$	_____
(17)	Severance Pay	\$	_____
(18)	Net Income from a Business (including rental property, land contracts or other forms of real estate)	\$	_____
(19)	Interest, Dividend & Other Income from Net Family Assets	\$	_____
(20)	Regular Contributions and/or Gifts from Person not residing at unit	\$	_____
(21)	Lottery Winnings or Inheritances (paid as an annuity)	\$	_____
(22)	All regular pay paid to members of the Armed Forces	\$	_____
(23)	Annuities	\$	_____
(24)	Education Grants, Scholarships or Other Student Benefits	\$	_____
(25)	Self Employment	\$	_____
(26)	Other _____	\$	_____
TOTAL		\$	_____

PART III - ASSET INCOME - To be completed by applicant

CURRENT ASSETS - List all assets currently held by all household members and the cash value of each. The Cash value is the market value of the asset minus reasonable costs there were, or would be, incurred in selling or converting the asset to cash.

YES	NO	ACCOUNT NO.	CASH VALUE
Do You or Anyone in Your Household Have:			
(27)	_____	A Savings Account?	\$ _____
		Bank _____	

PART III - ASSET INCOME (continued) - To be completed by applicant

YES	NO		ACCOUNT NO.	CASH VALUE
(28) _____	_____	A Checking Account?	_____	\$ _____
			Bank _____	
(29) _____	_____	Certificates of Deposit?	_____	\$ _____
			Bank _____	
(30) _____	_____	Money Market Account?	_____	\$ _____
			Bank _____	
(31) _____	_____	A Safety Deposit Box?	_____	\$ _____
			Bank _____	
(32) _____	_____	Money Held in Trust?	_____	\$ _____
			Bank _____	
(33) _____	_____	Any Stocks, Bonds or Securities?	_____	\$ _____
			Bank _____	
(34) _____	_____	Any Treasury Bills?	_____	\$ _____
			Bank _____	
(35) _____	_____	A Retirement Fund? (include IRA's, Keogh accounts)	_____	\$ _____
			Bank _____	
(36) _____	_____	A Pension Fund?	_____	\$ _____
			Bank _____	

Do You or Anyone in Your Household:

(37) _____ Do you or any other member of your household have any Whole or Universal Life Insurance Policies? Is so who is this listed with: _____

Cash Value \$ _____

(38) _____ Have any Personal Property held as an Investment (this includes: paintings, artwork, collector or show cars, jewelry, coin or stamp collections, antiques etc.)? _____

Cash Value \$ _____

(39) _____ Own equity in real estate, rental property, land contracts/contract for deeds or other real estate holdings or other capital investments (this includes your personal residence, mobile homes, vacant land, farms, vacation homes, or commercial property)? Market Value Less: (a) any unpaid balance on loans secured by property, and (b) reasonable costs that would be incurred in selling the asset - penalties, broker fees, etc. _____

Cash Value \$ _____

(40) _____ Received any Lump Sum Receipts? (Include inheritances, capital gains, lottery winnings, insurance settlements and other claims)? When _____ Cash Value \$ _____

Where are Funds Held _____

(41) _____ Did you have any assets in the last two years not listed above? If yes, did you dispose of any assets for less than fair market value? (This means the assets were either given away or sold at less than the allotted market value). What were the assets: _____

The market value at the time of disposition \$ _____ Date you disposed of the assets _____

PART IV - EMPLOYMENT HISTORY - To be completed by applicant

(42) Applicant Employed By: _____
How Long? _____ Supervisor: _____

Salary: \$ _____ Circle One: Annually Weekly Bi-weekly Monthly

Employer Address: _____

Address	City	State	Zip	Phone
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(43) Previous Employer: _____
How Long? _____ Supervisor: _____

Salary: \$_____ Circle One: Annually Weekly Bi-weekly Monthly

Employer Address: _____

Address	City	State	Zip	Phone
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(44) Spouse Employed By: _____
How Long? _____ Supervisor: _____

Salary: \$_____ Circle One: Annually Weekly Bi-weekly Monthly

Employer Address: _____

Address	City	State	Zip	Phone
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(45) Other Applicant Employed By: _____
How Long? _____ Supervisor: _____

Salary: \$_____ Circle One: Annually Weekly Bi-weekly Monthly

Employer Address: _____

Address	City	State	Zip	Phone
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PART V - CREDIT REFERENCES - To be completed by applicant

	<u>Name</u>	<u>Address / Phone</u>	<u>Monthly Payment</u>
(46)			\$
(47)			\$
(48)			\$
(49)			\$

(50) **Present Landlord:** _____ **From / To:** _____

Address	City	State	Zip	Phone
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(51) **Previous Landlord:** _____ **From / To:** _____

Address	City	State	Zip	Phone
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(52) **Previous Landlord:** _____ **From / To:** _____

Address	City	State	Zip	Phone
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PART VI - OTHER - To be completed by applicant

- (53) Do you have full custody of your child(ren)? Explain the custody arrangements: _____
- (54) Would you or any members of your household benefit from a handicapped-accessible unit? Yes _____ No _____
If yes, explain: _____
- (55) Have you ever been evicted? Yes _____ No _____
If yes, explain: _____
- (56) Have you ever filed for bankruptcy? Yes _____ No _____
If yes, explain: _____
- (57) Have you ever been convicted of a felony? Yes _____ No _____
If yes, explain: _____
- (58) Do you have child care expenses? Yes _____ No _____ How much in child care expenses per year? _____
- (59) Are you elderly or disabled? Yes _____ No _____ If yes, what are your disability assistance expenses?
Explain: _____
- (60) What are your yearly medical expenses?
Explain: _____
- (61) Will this be your only place of residence? Yes _____ No _____
If no, explain: _____
- (62) What is the condition of your current housing?
Standard _____ Unsafe or Unhealthy _____ Living with Parents _____
No Indoor Plumbing / Kitchen _____ Currently without Housing _____

PART VII - TOTAL HOUSEHOLD INCOME - TO BE COMPLETED BY OWNER /PROPERTY MANAGER

Annual Household Income	\$ _____
Actual Income from Assets if Valued at Less than \$5,000	\$ _____
<u>Actual</u> Income from Assets if Valued at More than \$5,000	\$ _____
Asset Value Greater than \$5,000 X <u>Imputed</u> Rate of _____ %	\$ _____
For Assets Valued at More than \$5,000 Add to Total Income the Greater of <u>Actual</u> or <u>Imputed</u> Income	\$ _____
Total Household Income	\$ _____
Deductions (dependent+child care expenses+disability expenses+medical expenses)	\$ _____
Total Household Income less Deductions equals: Adjusted Household Income	\$ _____

PART VIII - RESIDENT'S STATEMENT - To be completed by applicant

(63) Do you have a legal right to be in the United States: (check one that applies)

☐ Yes, because I am a United States Citizen

☐ Yes, because I have valid documentation from the Bureau of Citizenship and Immigration Services (formerly the Immigration and Naturalization Service)

☐ No

If you answered "Yes" because you are a non-U.S. citizen with valid documentation, you must provide documentation and complete paperwork required by the Department of Housing and Urban Development, so we can verify that you are a NonCitizen with eligible immigration status.

PART IX - RESIDENT'S STATEMENT - To be completed by applicant

I/we understand that the above information is being collected to determine my/our eligibility for residency. I/we authorize the owner/manager to verify all information provided on this Application/Certification and my/our signature is our consent to obtain such verification. I/we certify that I/we have revealed all assets currently held or previously disposed of and that I/we have no other assets than those listed on this form (other than personal property). I/we further certify that the statements made in this Application/Certification are true and complete to the best of my/our knowledge and belief and are aware that false statements are punishable under Federal law.

Applicant Signature (Head)

Date

Applicant Signature (Co-Head)

Date

Other Applicant Signature

Date

To be completed by Owner / Property Manager:

OWNER'S STATEMENT: Based on the representations herein and upon the proof and documentation obtained, the household named in Section 1 of this Application/Certification is eligible under the provisions of Section 42 of the Internal Revenue Code, as amended, to live in a unit in the development. Based on the representations herein and upon the proofs and documentation obtained, the household constitutes a low-income resident whose anticipated annual income for the next twelve months does not exceed:

For Initial Application: \$ _____ (Income Limit for Household Size)

or

For Recertification: \$ _____ (Current Income Limit for Household Size)
x 140% (multiplied x 140%)

\$ _____ TOTAL

Signature of Owner's or Developer's

Authorized Representative: _____ Date _____

Effective Date: _____