

Initial

Recertification

### MHC HOUSING TAX CREDIT ELIGIBILITY APPLICATION

\_\_\_\_\_ Move-in Date

\$ \_\_\_\_\_ Rent Amount

Property Name \_\_\_\_\_

Address \_\_\_\_\_

Unit # \_\_\_\_\_

City, State \_\_\_\_\_

# of Bedrooms \_\_\_\_\_

#### APPLICANT/ TENANT INFORMATION

Full Name \_\_\_\_\_

Home Phone # \_\_\_\_\_

Street Address \_\_\_\_\_

Other Phone # \_\_\_\_\_

City, State and Zip \_\_\_\_\_

Email \_\_\_\_\_

Rent /Own \_\_\_\_\_

How Long? \_\_\_\_\_

#### HOUSEHOLD COMPOSITION

Applicants/residents, complete this application in your own handwriting. List all persons who will be living in the unit. Give the relationship of each family member to the head of household. If this eligibility application is being completed by an applicant who is applying for occupancy with an existing household, only include the information for the new applicant.

**Each household member age 18 years or older and under age 18 if head, spouse, or co-head of household must disclose income and assets and sign and date this application.**

	HOUSEHOLD MEMBER'S NAME	RELATIONSHIP	MARITAL STATUS NM= NEVER MARRIED SP=SEPARATED D=DIVORCED W=WIDOWED	DATE OF BIRTH	HAS/WILL THIS PERSON BE A STUDENT* DURING THIS AND/OR THE UPCOMING CALENDAR YEAR? <b>YES/NO</b> IF YES, PART-TIME (PT) OR FULL-TIME (FT)	SOCIAL SECURITY NUMBER
1		<b>HEAD</b>				
2						
3						
4						
5						
6						
7						
8						

\* Include public and private elementary, junior & senior high, college, university, technical, trade, and mechanical schools. Do not include on-the-job training courses.

Do all of the above household members reside in the household 100% of the time? (Y/N) \_\_\_\_\_ If no, please list the household members that do not live in the household 100% of the time: \_\_\_\_\_

Anticipated changes in the household size within the next 12 months? (Y/N) \_\_\_\_\_ If Yes, explain \_\_\_\_\_

Anticipated change in number of students within the next 12 months? (Y/N) \_\_\_\_\_ If Yes, explain \_\_\_\_\_

Current Marital Status: Single \_\_\_\_ Married \_\_\_\_ Divorced \_\_\_\_ Separated \_\_\_\_ Widowed \_\_\_\_ Date of divorce/separation: \_\_\_\_\_

If every household member listed above is indicated as a full-time (FT) student, please answer the following questions:

Circle One

a. Does the household receive assistance of Title IV of the Social Security Act? (AFDC/TANF) Yes No

b. Are any full-time students enrolled in a job training program receiving assistance under the Job Training Partnership Act or similar Federal, State, or local programs? Yes No

c. Are any full-time students married and filing or entitled to file a joint tax return? Yes No

d. Is the household comprised entirely of a single parent & child(ren) and this parent is not a dependent of another individual and the child(ren) is/are not dependent(s) of someone other than a parent? Yes No

e. Was previously under the care and placement responsibility of the state agency responsible for administer foster care? Yes No



**HOUSEHOLD INCOME INFORMATION**

List current and anticipated income for the twelve-month period beginning on the anticipated move-in date or effective date of recertification. **Include all full time, part time or seasonal income even if completing this application in the off-season.**

**DO YOU RECEIVE OR EXPECT TO RECEIVE**

(Check **YES** or **NO** to each item, as applicable, and include gross monthly amount. List sources on page 3.):

YES	NO		Gross Monthly Amount
		1. Wages, salaries (include overtime, tips, bonuses, commissions, etc.) . . . . .	\$
		2. Does any member work for someone who pays them in cash or is self-employed. . . . .	\$
		3. Regular pay for a member of the armed forces . . . . .	\$
		4. Public Assistance (TANF/GA) <b>(Exclude SNAP)</b> . . . . .	\$
		5. Worker's compensation . . . . .	\$
		6. Unemployment benefits or severance pay . . . . .	\$
		7. Student financial assistance (public or private, not including student loans) . . . . .	\$
		8. Child support (check yes if you have a court order, even if you are not receiving the full amount awarded) . . . . .	\$
		9. Alimony/Spousal Maintenance . . . . .	\$
		10. Social Security income (including unearned income of minor children) . . . . .	\$
		11. Disability benefits including social security disability . . . . .	\$
		12. Regular payments from pensions (PERA, railroad, etc.) . . . . .	\$
		13. Regular payments from retirement benefits . . . . .	\$
		14. Death Benefits . . . . .	\$
		15. Regular payments from annuities or life insurance dividends . . . . .	\$
		16. Regular payments from inheritance, insurance settlement, lottery winnings, etc. . . . .	\$
		17. Net income from rental property . . . . .	\$
		18. Regular cash and non-cash contributions, assistance with paying bills or gifts from individuals not living in the unit (not including groceries) . . . . .	\$
		19. Other (list) _____	\$
		20. Other (list) _____	\$

**HOUSEHOLD ASSET INFORMATION**

Yes	No	DOES ANY HOUSEHOLD MEMBER (INCLUDING CHILDREN) HAVE MONEY HELD IN:	CURRENT BALANCE
		21. Checking Accounts . . . . . (6 month average balance)	\$
		22. Savings Accounts . . . . .	\$
		23. Money in an online account/ app such as PayPal, Venmo, SquareCash, etc. . . . .	\$
		24. Pay Card (e.g. Direct Express debit card, payroll deposit card, etc.) . . . . .	\$
		25. Stocks . . . . .	\$
		26. Capital Investments . . . . .	\$
		27. Bonds . . . . .	\$
		28. Trusts* . . . . .	\$
		29. Securities . . . . .	\$
		30. Whole Life Insurance Policy (do not include term life insurance) . . . . .	\$
		31. 401K* . . . . .	\$
		32. IRA/KEOGH Accounts . . . . .	\$
		33. Certificates of Deposit . . . . .	\$
		34. Pension/Retirement/Annuity accounts . . . . .	\$
		35. Money Market Funds . . . . .	\$
		36. Treasury Bills . . . . .	\$
		37. Safety Deposit Box . . . . .	\$
		38. Lump Sum Payment (i.e., inheritance, insurance settlement, lottery winnings, capital gains) . . . . .	\$
		39. Are any accounts held jointly with someone not in the unit? Which account and with whom? _____	
		40. Other _____	

\*Include Trusts, 401K, etc., only if the accounts are accessible to the household prior to termination of employment, retirement, or death. If you are unsure, list the account and it will be verified.



Yes	No		Value
<input type="checkbox"/>	<input type="checkbox"/>	41. Do you now own Real Estate? . . . . . If yes, list address(es): _____	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	42. Do you hold a contract for deed? . . . . .	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	43. Do you have any coin collections, antique cars, gems/jewelry, stamps or any other items . . . . . held as an investment (wedding rings and personal jewelry do not count)?	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	44. Are any assets held jointly with another person? List person and asset(s). _____ _____	
Is combined cash value of all household assets over \$5,000? If yes, 3rd party verification of assets is required.			

**EMPLOYMENT INFORMATION**

Current Employer Name _____	Title _____
Address _____	Date of Hire _____
City, State and Zip _____	Monthly Gross Wage \$ _____
Supervisor _____ Phone _____	Fax _____
Additional Employer Name _____	Title _____
Address _____	Date of Hire _____
City, State and Zip _____	Monthly Gross Wage \$ _____
Supervisor _____ Phone _____	Fax _____
Previous Employment _____	Title _____
Address _____	Phone _____
City, State and Zip _____	Fax _____
From _____	To _____

**DO NOT LEAVE THIS SECTION BLANK.**

From 2-42, income and assets above, provide contact information for all "YES" checked items. All information must be verified. (If a household member has more than one source of income and/or asset, use a separate line for each source. Use additional sheets, if necessary.)

Item Number	HH Member	Name and mailing address of income or asset source	Contact Name & phone/fax number

Please attach documentation available to verify income (i.e., divorce/settlement papers, tax returns, social security benefit award letter, etc.).

I/We hereby certify that I/we

**Have**    **Have not**

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sold or given away any assets for less than Fair Market Value during the two year (24 month) period preceding the date of this application. Any assets sold or disposed of for less than Fair Market Value must be identified below.

Household Member	Asset & Estimated Market Value	Date sold/disposed	Amount Received
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

**MISCELLANEOUS**

The following questions pertain to yourself and every member of your household who will occupy the unit.  
Check either **YES** or **NO** in response to each question. Add an explanation below for all items checked YES.

Yes	No	
		Will any household member, including children, live in the unit on a less than full time basis?
		Do you anticipate any change in your household (someone moving in or out) during the next 12 months?
		Does any adult member of the household have zero income? If yes, name(s): _____
		Does/will the household receive rent assistance? If so, indicate from what source (Section 8, Rural Development RA, etc.).
		Does your household have any needs that might be better served by a unit which is accessible to persons with mobility, hearing or visual impairments?

Explanation:

\_\_\_\_\_

\_\_\_\_\_

**EMERGENCY CONTACT**

Emergency Contact Name _____	Relationship _____
Address _____	Cell/Home Phone _____
City, State and Zip _____	Home/Work Phone _____

**SIGNATURES**

I/we hereby affirm that the foregoing information is true and complete to the best of my/our knowledge, and authorize the Landlord to make inquiries to verify the statements herein. I/we further understand that any intentional misrepresentation in this application might result in a default in the rental agreement and/or eviction of this household. If any of the aforementioned information changes, I/we agree to notify Landlord immediately.

Applicant/Resident Signature _____	Date _____
Applicant/Resident Signature _____	Date _____
Applicant/Resident Signature _____	Date _____
Applicant/Resident Signature _____	Date _____

**This applicant/resident required assistance in completing the eligibility application due to:** \_\_\_\_\_

**Assistance in completing this application was provided by:** \_\_\_\_\_ **Date:** \_\_\_\_\_



Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

This form is to be provided to each applicant for federally assisted housing

**Instructions: Optional Contact Person or Organization:** You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
<b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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**Signature of Applicant**

**Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

**Privacy Statement:** Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.