

HILDALE SPRINGS TOWNHOMES

TAX CREDIT APPLICATION

Office Use Only

Interview Date: _____ Bedroom Size: _____ Apartment #: _____ Section 8: Yes No
 Move In Date: _____ Deposit Amt: \$ _____ Rent Amt: \$ _____
 Advertising Sources: _____ Set-Aside: _____

Section I-Household Composition

SECTION I-HEAD OF HOUSEHOLD

First MI Last Relationship M/F Social Security # Date of Birth ID# & State

Home Phone: _____ Work Phone: _____ Mobile Phone: _____

Email Address: _____ Other Name(s) Used: _____

Marital Status: Married Never Married Widow(er) Divorced Separated Legally Separated

Please List Any Other Occupants and Their Relationship to You

First	MI	Last	Relationship	M/F	Social Security #	Date of Birth	ID# & State (18yrs+ Only)

1. Do you have full custody of your child (ren)? Yes No N/A Explanation: _____

2. Do you expect any additions to the household within the next 12 months? Yes No Explanation: _____

SECTION II-RESIDENCE HISTORY

Please tell us about your residence history. **All residence history must total 2 years.**

Current Address:

Street: _____ City: _____ State: _____ Zip Code: _____

Month/Year Move In: ____/____ Monthly Rent/Mortgage: \$ _____ Rent Own Not Applicable Management

Company or Owner: _____ Phone# _____ Fax# _____

Reason for Leaving: _____

Previous Address:

Street: _____ City: _____ State: _____ Zip Code: _____

Month/Year Move In: ____/____ Monthly Rent/Mortgage: \$ _____ Rent Own Not Applicable Management

Company or Owner: _____ Phone# _____ Fax# _____

Reason for Leaving: _____

SECTION III-BACKGROUND, CREDIT, & GENERAL INFORMATION

Please answer the following questions truthfully. Failure to do so may result in denial of your application. Detailed explanations are required as indicated.

- 3. Have you or any other household member ever broken a lease? Yes No
 ▪ If yes, explain: _____
- 4. Have you or any other household member ever been judicially evicted or asked to leave a rental unit? Yes No
 ▪ If yes, explain: _____
- 5. Do you or any other household member owe money to any current or previous landlord? Yes No
 ▪ If yes, explain: _____
- 6. Do you or any other household member owe money to any utility company?(i.e., gas, electric, water) Yes No
 ▪ If yes, explain: _____
- 7. Have you or any other household member plead not guilty, no contest, guilty, or been convicted of a felony? Yes No
 ▪ If yes, explain: _____
- 8. Do you have a pet? Yes No
 ▪ If yes, describe: Height _____, Weight _____, Type _____, Color _____

SECTION IV-STUDENT ELIGIBILITY

For each household member, please indicate his/her student status. All household members must be listed including yourself. Students include any household member K through 12 and/or any household member enrolled in any degree or certificate program from an accredited institution such as college or university, etc. Student definition states if you are a student anytime during a calendar year.

HOUSEHOLD MEMBER NAME (list all household members)	Student (circle one)	Name of School	Address/Fax #
	FT PT N/A		
	FT PT N/A		
	FT PT N/A		
	FT PT N/A		
	FT PT N/A		
	FT PT N/A		

SECTION V-INCOME

The next questions are yes or no questions. Do not leave any questions unanswered. Please follow the instructions carefully on each question as to information needed about your income sources.

- 9. Are you employed? If yes, answer Section V(A) Yes No
- 10. Are you self-employed? If yes, answer Section V(A) Yes No
- 11. Are you a member of the Armed Forces? If yes, answer Section V(A) Yes No

SECTION V (A)-INCOME SOURCES

Household Member	Employer	Start Date	Phone/Fax/Address:	Gross Monthly Income
				\$
				\$
				\$

12. Do you currently receive or expect to receive unemployment compensation or worker's compensation? Yes No
If yes, answer Section V(B)
13. Are you receiving any payment from the Social Security Administration (Social Security or SSI)? Yes No
If yes, answer Section V(B)
14. Are you receiving or entitled to receive child support? If yes, answer Section V(B) Yes No
15. Are you receiving or entitled to receive alimony? If yes, answer Section V(B) Yes No
16. Are you receiving public assistance (Cash/General Assistance Only) If yes, answer Section V(B) Yes No
17. Are you receiving income from a pension, annuity, or retirement fund? If yes, answer Section V(B) Yes No
18. Are you receiving income from insurance policy payments, death benefits, or veteran's benefits (Not GI Bill)? Yes No
If yes, answer Section V(B)
19. Are you receiving payments from a severance package? If yes, answer Section V(B) Yes No
20. Are you receiving disability payments? (Not Social Security)? If yes, answer Section V(B) Yes No
21. Are you receiving any other regular or periodic income from any other source not already entered such as family, friends, Indian Trust payments, student financial assistance that exceeds tuition? If yes, answer Section V(B) Yes No
22. Do you or household members expect any change to your income in the next 12 months? Yes No
▪ Explain: _____
23. Are you or any ADULT household members claiming zero income (not tax income)? Yes No
▪ Explain: _____
24. Are you or any other household member receiving Section 8 Housing Assistance Payments or any other tenant-based rental assistance payments? If yes, Amount: \$_____ Yes No

SECTION V (B)-INCOME SOURCES

Household Member	Income Source	Phone/Fax #	Gross Monthly Income
		/	\$
		/	\$
		/	\$
		/	\$
		/	\$

SECTION VI-INCOME ASSETS

The next questions are yes or no questions. Do not leave any questions unanswered. Please follow the instructions carefully on each question as to information needed about your income sources.

25. Do you have any checking, savings, or money market accounts? If yes, answer Section VI (A). Yes No
26. Do you have cash on hand (not in a bank or financial institution)? If yes, answer Section VI (A). Yes No
27. Do you have a Prepaid Debit Card (not associated with a bank account listed in #24)? Yes No
If yes, answer Section VI(A)
28. Do you own any certificates of deposit (CD's)? If yes, answer Section VI(A) Yes No

29. Do you own treasury bills, stocks, bonds, annuities, or mutual funds (not in a retirement plan)? Yes No
 If yes, answer Section VI (A).
30. Do you own any real-estate or rental property (including contracts pending sale)? If yes, answer Section VI(A). Yes No
31. Do you own personal property held as investment only such as collectible cars, art, coins, etc.? Yes No
 If yes, answer Section VI (A).
32. Do you have pension, 401(k), 403(b), IRA, or Keogh account? If yes, answer Section VI(A). Yes No
33. Do you have a safe deposit box? If yes, answer Section VI (A). Yes No
34. Do you have a trust fund with access to the money? If yes, answer Section VI (A). Yes No
35. Do you receive any money from a trust fund? If yes, answer Section VI (A). Yes No
36. Do you have any whole or universal life insurance policies (not including term life)? Yes No
 If yes, answer Section VI (A).

SECTION VI (A)-ASSET SOURCES

Type of Asset	Financial Institution/Account #	Phone/Fax	Amount/Value
		/	\$
		/	\$
		/	\$
		/	\$
		/	\$
		/	\$

37. Have you disposed of or given away any assets within the last 2 years for less than fair market value? Yes No
 If yes, explain below:

Value at Disposal

Household Member: _____ Asset Disposed: _____ Value \$ _____
 Amount Received: \$ _____ Date of Disposal: ____/____/____

Emergency Contact Information(not living with you):

Name: _____ Relationship: _____ Phone: _____
 Street: _____ City: _____ State: _____ Zip Code: _____
 In case of a serious illness, accident, or death, is this person authorized to enter and remove all of your property? Yes No

Reference Contact Information :

Name: _____ Relationship : _____ Phone: _____
 Street: _____ City: _____ State: _____ Zip Code: _____
 Name: _____ Relationship: _____ Phone: _____
 Street: _____ City: _____ State: _____ Zip Code: _____

SIGNATURE CLAUSE

I/we understand that Hilldale Springs LP is relying on this information to prove my/our household's eligibility for the Housing Tax Credit Program. I/we certify that all information and answers to the above questions are true and complete to the best of my/our knowledge. I/we consent to release the necessary information to determine my/our eligibility. I/we understand that providing false information or making false statements maybe grounds for denial of my/our application or immediate termination of my/our lease. I/we understand that such action may result in criminal penalties. I/we authorize Hilldale Springs LP to verify the information contained in this application for the purposes of proving my/our eligibility for occupancy. I/we further authorize Hilldale Springs LP to obtain a written credit report and police record. I/we will provide all necessary information including source and contact names, addresses, phone numbers, fax numbers, account numbers, and any other information required for expediting this process. I/we understand that my/our occupancy is contingent on meeting Hilldale Springs LP resident selection criteria and the Housing Tax Credit Program requirements.

Acceptance of the application fees and earnest deposit herewith, does not constitute approval. If approved the earnest deposit will be credited toward the security deposit. If the application is not approved, the earnest deposit will be refunded in accordance with state law. Cancellation after the 24-hour grace period or date of application will result in forfeiture of your earnest deposit. EHO/ADA/Employer Drug-Free Workplace/Housing.

Applicant Signature_____ Date:_____

Co-Applicant Signature_____ Date:_____

Manager's Signature_____ Date:_____

Resident Release and Consent

Please see the attached verification form. The referenced individual is applying/re-certifying for residency at Hilldale Springs Townhomes, a community that is regulated by the LIHTC Program under Section 42 of the Internal Revenue Code, which requires that we Obtain written confirmation of the projected annual gross earnings for the next twelve (12) months of all applicants/residents.

To comply with this regulation, we ask that you complete and return this form via fax/mail at the shown number/address. The Information will be used solely for the determination of residency eligibility under the Program and will not be disseminated or Otherwise released to any third party. We appreciate your timely response in completing this verification. If you have any questions regarding the needed information. Please do not hesitate to telephone this office at the shown number.

I/we _____, the undersigned, hereby authorize all persons or companies in the categories listed below to release without liability, information regarding employment, income, and/or assets to Hilldale Springs LP, for purposes of verifying information on my/our apartment rental application.

Information Covered

I/we understand that current or previous information regarding me/us may be needed. Verifications and inquires that may be requested include, but are not limited to: personal identity; employment, income and assets, medical or child care allowances and utility usage. I/we understand that this authorization cannot be used to obtain any information about me/us, other than utility usage information, that is not pertinent to my eligibility for a continued participation as a **Qualified Resident**.

The groups or individuals that may be asked to release the above information include, but are not limited to:

- | | |
|---------------------------------|----------------------------------|
| ➤ Past and Present Employers | ➤ Social Security Administration |
| ➤ Previous Landlord | ➤ Medical Providers |
| ➤ Public Housing Agencies | ➤ Child Care Providers |
| ➤ Support and Alimony Providers | ➤ Veterans Administration |
| ➤ Welfare Agencies | ➤ Retirement Systems |
| ➤ State Unemployment Agencies | ➤ Banks |
| ➤ Educational Institutions | ➤ Financial Institutions |
| | ➤ Utility Usage Information |

CONDITIONS

I/we agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and will stay in effect for a year and one month from the date signed. I/we understand I/we will review and execute the Tenant Income Certification upon completion of qualification.

SIGNATURES:

Applicant

Date

Co-Applicant
(Spouse)

Date