

PLATTE VIEW APARTMENTS PARTNERS R.L.L.P.

614 East M. Street

Casper, WY 82604

Phone: 307-234-9932 Fax: 307-265-6144

(PRELIMINARY RENTAL APPLICATION)

Bedroom Size Requesting: _____

Apartment Applicants

NAME OF EACH HOUSEHOLD MEMBER	D.O.B.	SEX	Social Security Number	United States Citizen?	Need Accessible Unit?	Full Time Student?	Race or Ethnicity
		M F	- -	Y N	Y N	Y N	
		M F	- -	Y N	Y N	Y N	
		M F	- -	Y N	Y N	Y N	
		M F	- -	Y N	Y N	Y N	
		M F	- -	Y N	Y N	Y N	
		M F	- -	Y N	Y N	Y N	

Current Address and Information

Street Address	City	State	Zip Code	Daytime Phone

Anticipated Annual Household Income and Assets

Source or Type of Income/ Asset	Anticipated Annual Income

Has any household member listed above ever had Felony Conviction? Yes or No

If yes to the above question please explain Who? When? Where?: _____

Has any household member ever been convicted and a registered sex offender either nationally or in any state?

Yes No Please list ALL states that you have resided: _____

Marketing Information: Please let us know how you heard about our property by checking the appropriate box below.

☐ Newspaper ☐ Local Housing Authority ☐ Posted Flyer ☐ Resident Referral ☐ Other

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. I recognize that, as a part of your procedure for processing my application, an investigative consumer report may be prepared whereby information is obtained regarding my credit history, employment history, criminal history, and housekeeping history, as well as, this information will not be conducted until a unit has become available for lease. I understand that I may have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of this investigation. I state that the information I have provided is true and correct to the best of my knowledge.

Applicant Signature (Head of Household)

(Date)

Applicant Signature (Co-Head/Spouse)

(Date)

FOR OFFICIAL USE ONLY



APPLICATION for LOW INCOME HOUSING TAX CREDIT (LIHTC) PROPERTY

Project Name _____ Unit # _____ No. of Bedrooms _____

Phone (home) _____ (Cell) _____ (work) _____

Current Address: _____

Email Address _____

PLEASE PRINT. PLEASE ANSWER ALL QUESTIONS! Do not leave any space or blanks, write "NO or N/A" where appropriate.

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.)

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) Spouse's Maiden Name: _____
- (2) Do you expect any changes in the household composition in the next 12 months? _____
- (3) 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.)? Y/N _____ (please describe) _____
- (4) 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: _____
- (5) Are all occupants' full time students? Yes _____ No _____ If Yes, please answer the following:
 - 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 TANF/TAFF/AFDC? Yes _____ No _____
 - c) Are any of the students enrolled in a job training program receiving assistance under the Workforce Investment 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).
 - e) Have any of the students ever been in Foster Care? Yes _____ No _____

- (6) a) 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: _____
- b) Has any member of the household been a student within the CURRENT calendar year? Yes _____ No _____ IF YES,
 please identify the member and circle if student status was full or part time. _____ pt time full time
 _____ pt time full time _____ pt time full time _____ pt time full time

PART I - FAMILY COMPOSITION (CONTINUE) - To be completed by applicant

- (7) Current Marital Status: Single _____ Married _____ (date _____) Divorced _____ (date _____)
 Separated _____ (date _____) Widowed _____ (date _____)

PART II - HOUSEHOLD INCOME - To be completed by applicant

For questions (8) through (27), 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.

(8) Wages or salaries (include overtime, tips, bonuses, commissions and payments received in cash)	\$ _____
(9) Child support (include child support you are entitled to but may not be receiving)	\$ _____
(10) Alimony (include alimony you are entitled to but may not be receiving)	\$ _____
(11) Social Security	\$ _____
(12) Supplemental Security Income (SSI)	\$ _____
(13) Public Assistance - ADC, TANF, and/or Aid to Families w/Dependent Children (AFDC)	\$ _____
(14) Veterans Administration Benefits	\$ _____
(15) Pensions and/or Annuities	\$ _____
(16) Unemployment Compensation	\$ _____
(17) Disability, Death Benefits and/or Life Insurance Dividends	\$ _____
(18) Workers' Compensation	\$ _____
(19) Severance Pay	\$ _____
(20) Net Income from a Business (Self Employment, including rental property, land contracts or other forms of real estate)	\$ _____
(21) Income from Assets (Include annual minimum distributions if they apply)	\$ _____
(22) Regular Contributions and/or Gifts from Person not residing at unit	\$ _____
(23) Lottery Winnings or Inheritances (paid as an annuity)	\$ _____
(24) All regular pay paid to members of the Armed Forces (Military Pay)	\$ _____
(25) Education Grants, Scholarships or Other Student Benefits (including other sources i.e. parents)	\$ _____
(26) Long Term Medical Care Insurance Payments in excess of \$180.00 per day	\$ _____
(27) Other Income _____	\$ _____

TOTAL	\$ _____
(28) Total Gross Annual Income from Previous Year	\$ _____
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	CASH VALUE/APY
Do You or Anyone in Your Household Have:		
(29) _____	_____	Savings Account? \$ _____ APY _____ Bank _____
(30) _____	_____	Checking Account? \$ _____ APY _____ Bank _____
(31) _____	_____	Certificates of Deposit? \$ _____ APY _____ Bank _____
(32) _____	_____	Safety Deposit Box? \$ _____ APY _____ Bank _____
(33) _____	_____	Trust Account? \$ _____ APY _____ Bank _____
(34) _____	_____	Any Stocks or Securities? \$ _____ APY _____ Bank _____
(35) _____	_____	Any Treasury Bills? \$ _____ APY _____ Bank _____
(36) _____	_____	Retirement Fund? (Include IRA's, Keogh accounts) \$ _____ APY _____ Bank _____
(37) _____	_____	Mutual Funds? \$ _____ APY _____ Bank _____
(38) _____	_____	Savings Bonds? \$ _____ APY _____ Bank _____
(39) _____	_____	Money Market Account? \$ _____ APY _____ Bank _____
(40) _____	_____	Cash on Hand? \$ _____
(41) _____	_____	Pre-paid Debit Cards? \$ _____ Held _____

Do You or Anyone in Your Household:

(42) _____ 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

\$ _____

(43) _____ 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

\$ _____

(44) _____ 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)?

If yes, Type of Property: _____

Location of Property: _____

Appraised Market Value: _____

Mortgage or Outstanding loans balance due: _____

Amount of Annual Insurance Premium: _____

Amount of most recent tax bill: _____

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

(45) _____ Have you sold or disposed of any property in the last 2 years?

If yes, type of property: _____

Market Value when sold or disposed: _____

Amount sold or disposed for: _____

Date of Transaction: _____

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

(47) _____ Have you disposed of any other assets in the last 2 years (Example: given money away to relatives, set up Irrevocable Trust Accounts)?

If yes, describe the asset: _____

Date of Disposition: _____

Amount disposed: _____

(48) _____ Do you have any other assets not listed above (excluding personal property)?

If yes, please list: _____

PART IV - EMPLOYMENT HISTORY - To be completed by applicant

(49) Head's Current Employer: _____

How Long? _____ Supervisor: _____

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

Employer Address: _____

Address City State Zip Phone

(50) Head's Previous Employer: _____

How Long? _____ Supervisor: _____

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

Employer Address: _____

Address City State Zip Phone

(51) Spouse Co-Head or Other Applicant 1 Current Employer: _____

How Long? _____ Supervisor: _____

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

Employer Address: _____

Address City State Zip Phone

(52) Other Applicant's Current Employer: _____

How Long? _____ Supervisor: _____

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

Employer Address: _____

Address City State Zip Phone

PART V - CREDIT REFERENCES - To be completed by applicant

	<u>Name</u>	<u>Address / Phone</u>	<u>Monthly Payment</u>
(53)			\$
(54)			\$
(55)			\$

PART VI – RENTAL HISTORY - To be completed by applicant

(56) **Residence History: Current & Previous Landlords:** (Past 2 years residence including any owned by applicants.)

Current Address	City	State,	Zip		Rent/Month		Move in Date		Reason for Leaving
					Utilities/month		Move Out Date		Is Landlord a family member or friend?
Landlord Name			Landlord Address					Landlord Phone	

Previous Address	City	State,	Zip		Rent/Month		Move in Date		Reason for Leaving
					Utilities/month		Move Out date		Is Landlord a family member or friend?
Landlord Name			Landlord Address					Landlord Phone	

Drivers License # of applicant _____ state issued _____ Resident _____
 Drivers License # of applicant _____ state issued _____ Resident _____
 Drivers License # of applicant _____ state issued _____ Resident _____
 Drivers License # of applicant _____ state issued _____ Resident _____

PART VII - OTHER - To be completed by applicant

- (57) **Do you have full custody of your child (ren)? Explain the custody arrangements:** _____
-
- (58) **Would you or any members of your household benefit from a handicapped-accessible unit? Yes_____ No_____**
If yes, explain: _____
- (59) **Have you ever been evicted? Yes_____ No_____**
If yes, explain: _____
- (60) **Have you ever filed for bankruptcy? Yes_____ No_____**
If yes, explain: _____
- (61) **a) Have you ever been convicted of a felony? Yes_____ No_____ If yes, explain:** _____
b) Have you ever been convicted and a registered sex offender either nationally or in any state? Yes_____ No _____

PART VII - OTHER (CONTINUE) - To be completed by applicant

- (62) Will your household be receiving Section 8 rental assistance at the time of move-in? Yes_____ No_____
- (63) Will you household be eligible or are you applying to receive Section 8 rental assistance in the next 12 months?
Yes _____ No _____
Explain: _____
- (64) Have you ever received rental assistance? Yes_____ No_____
If yes, explain: _____
- a. Has your rental assistance ever been terminated for fraud, non-payment of rent or failure to recertify?
Yes _____ No_____ If yes, explain: _____
- (65) Will this be your only place of residence? Yes_____ No_____
If no, explain: _____

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

- (66) 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 – SPECIAL NEEDS - To be completed by applicant

- (67) Does anyone your household have special needs? (Y/N)_____
- (68) Special living accommodations required? (Y/N)_____

If yes please explain: _____

- (69) Does anyone in the household have any pets? If so, what kind? _____
- (70) Does anyone in the household have a service animal? If so, what kind? _____
(proper documentation required on Property's form and verified annually)

PART X – IN CASE OF EMERGENCY, NOTIFY: - To be completed by applicant

Name / Relationship	Address	Phone

PART XI - 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. I hereby make application to lease and agree that the rent is payable the first day of each month in advance. As consideration, I paid a deposit and application fee. Balance of deposit to be paid upon execution of the lease unless otherwise stated in the lease. I understand that, in addition, my application fee will be retained, to offset the Landlords cost, time, and effort in processing my application. Upon acceptance of this application, I agree to execute a lease. I recognize that, as a part of your procedure for processing my application, an investigative consumer report may be prepared whereby information is obtained regarding my credit history, employment history, criminal history, and housekeeping history. This inquiry includes information as to my character, reputation, personal characteristics, and mode of living. I understand that I may have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of this investigation. In the event this application is accepted, but I subsequently refuse to sign a lease and/or take possession of the premises, the deposit will be forfeited as damages. I state that the information I have provided is true and correct to the best of my knowledge. *Note: If Applicant is under 19 in the State of Nebraska or under 18 in the State of Iowa, the applicant is considered a minor; therefore, a Guarantor is required.*

I understand that all funds are deposited when they are received, application fees are non refundable. If the application is denied the deposit refund will be issued by mail to the address provided on this application.

SIGNATURE OF ALL PARTIES TO THIS APPLICATION, 18 YEARS OR OLDER:

Applicant Signature (Head)	Date
Applicant Signature (Co-Head)	Date
Other Applicant Signature	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 who's anticipated annual income for the next twelve months does not exceed:

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

Signature of Owner's or Developer's
Authorized Representative: _____ Date _____

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Community	Date Apartment Needed
Address	Apartment Number
Concessions (if any)	Apartment Type
Monthly Rent	Application Fee
Security Deposit	Length of Lease Term
Application Taken By	

**VERIFICATION SUMMARY
(FOR OFFICE USE ONLY)**

Landlord History ☐ yes ☐ no		Credit Acceptable ☐ yes ☐ no
Does Income meet qualifying standards? ☐ yes ☐ no		Does Applicant Meet Qualifying Standards? ☐ yes ☐ no
By:	Manager's Approval:	
Date Applicant Notified:	By Whom:	
(Must contact applicant within 24 Hours)		