

**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. Applications must be submitted in person with all adult household members present we will not accept applications by mail or email.**

**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 – Rental Property, land contracts, Door Dash, Uber, Eats, Uber or other delivery service is counted	\$ _____
(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 _____	\$ _____

<b>TOTAL</b>	\$ _____
<b>(28) Total Gross Annual Income from Previous Year</b>	\$ _____
<b>PART III - ASSET INCOME - To be completed by applicant</b>	

**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
<b>Do You or Anyone in Your Household Have:</b>			
(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, Treasury Bills?	\$ _____ APY Bank _____
(35) _____	_____	Retirement Fund? (Include IRA's, Keogh accounts)	\$ _____ APY Bank _____
(36) _____	_____	Mutual Funds?	\$ _____ APY Bank _____
(37) _____	_____	Savings Bonds?	\$ _____ APY Bank _____
(38) _____	_____	Money Market Account?	\$ _____ APY Bank _____
(39) _____	_____	Cash on Hand?	\$ _____
(40) _____	_____	Pre-paid Debit Cards?	\$ _____ Held _____
(41) _____	_____	Venmo or CashApp Account	\$ _____ *Must Provide Current Month's Statement
(41) (a) _____	_____	PayPal or Zelle Account (circle one)	\$ _____ *Must Provide Current Month's Statement
(41) (b) _____	_____	BitCoin or Acorns Account	\$ _____ *Must Provide Current Month's Statement

(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: \_\_\_\_\_

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

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(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: \_\_\_\_\_

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**PART IV - EMPLOYMENT HISTORY - To be completed by applicant**

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(49) Head's Current Employer: \_\_\_\_\_  
Start Date: \_\_\_\_\_ Supervisor: \_\_\_\_\_

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

Employer Address: \_\_\_\_\_  
Address City State Zip Phone

(50) Head's Previous Employer: \_\_\_\_\_  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ 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: \_\_\_\_\_  
Start Date: \_\_\_\_\_ Supervisor: \_\_\_\_\_

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

Employer Address: \_\_\_\_\_  
Address City State Zip Phone

(52) Spouse Co-Head or Other Applicant 1 Previous Employer: \_\_\_\_\_  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Supervisor: \_\_\_\_\_

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

Employer Address: \_\_\_\_\_  
Address City State Zip Phone

(53) Other Applicant's Current Employer: \_\_\_\_\_

Start Date: \_\_\_\_\_ 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**

Name	Address / Phone	Monthly Payment
(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.

Most Properties participate in online payments only, I acknowledge this policy is in place and agree to make payments via the Online Tenant Portal OR other method as directed. I understand personal checks, money orders and/or cash will not be accepted.

**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 \_\_\_\_\_

**FOR OFFICE USE ONLY**

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 <input type="checkbox"/> yes <input type="checkbox"/> no	Credit Acceptable <input type="checkbox"/> yes <input type="checkbox"/> no
Does Income meet qualifying standards? <input type="checkbox"/> yes <input type="checkbox"/> no	Does Applicant Meet Qualifying Standards? <input type="checkbox"/> yes <input type="checkbox"/> no
By:	Manager's Approval:
Date Applicant Notified:	By Whom:
(Must contact applicant within 24 Hours)	