EQUAL HOUSING OPPORTUNITY

Granary Place
258 West 700 South
Salt Lake City, UT 84101
801-823-8256
801-214-2544 FAX

LOW INCOME HOUSING TAX CREDIT RENTAL APPLICATION

The information you provide below will be used to determine if you meet the eligibility guidelines for becoming a resident of our community. All information will be kept confidential. Failure to provide the required information will prevent us from considering your application. Misrepresentation of information is punishable by law.

PROPERTY INFORMATION (For Office Use Only):

Date Received: _____
Unit Address:_____ _____ Initial Certification
Unit Number:_____ _____ Recertification
# of Bedrooms:_____ _____ Other _____
Proposed Effective Date: _____

How did you hear about our community? (If referred, by whom?)

HOUSEHOLD COMPOSITION AND STATUS:

*List the Head of Household (applicant) and **all** other persons who will be living in your unit. Give the relationship of each family member to the Head. Choose only one member to be Head of Household. **Please answer all questions. Write N/A if a particular question is not applicable. Do not leave any questions blank or unanswered.** List all members you anticipate to live with you at least 50% of the time in the next 12 months and include anyone who is not currently a household member but is anticipated to become one in the next 12 months.*

Household Member's Full Name (first, middle and last)	**Relationship to Head** S=Spouse O=Other Adult C=Biological Child SC=Step Child F=Foster Adult or Child L=Live-In Attendant	**Date of Birth**	**Marital Status** M=Married D=Divorced SP=Separated S=Single W=Widowed	**Social Security Number**	**Student** Y or N	If "Yes" Part time (PT) or Fulltime (FT)?*	If a child, please list both **biological** parents' full names.

***For each household member listed above – List this member as full-time or part-time student if he/she has attended school in the current calendar year, is currently attending, OR plans to attend school in the next 12 months. The educational institution defines student status. Please include all school-age children, even if home-schooled.**

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1. If every household member listed on first page is indicated as a full-time: (If every member is not a full time student, please mark here): ☐ NA

		Circle One
a.	Does the household receive assistance of Title IV of the Social Security Act? (AFDC/TANF)	Yes or No
b.	Are any full-time students enrolled in a job training program receiving assistance under the Job Training Partnership Act, Workforce Investment Act or similar Federal, State, or local programs?	Yes or No
c.	Are any full-time students married and entitled to file a joint tax return?	Yes or No
d.	Is the household comprised entirely of a single parent & child(ren) none of whom are dependents of another individual?	Yes or No
e.	Has any full-time student received foster care assistance within the last 5 years?	Yes or No

2. Are there any temporarily absent family members in your household? Yes or No
   (i.e. spouses employed out of state, estranged spouses, etc…)
   If yes, please explain: _____
   _____

   If you are divorced or separated, please provide the date effective:_____
   If divorced within last 3 years, please provide full copy of divorce decree.

3. Will this be your only place of residence? Yes or No

4. Do you expect any changes in the household in the next 12 months? Yes or No
   If yes, please describe change_____
   When will this change occur?_____
   (If adding a new member, this person should be listed as a household member on page 1 of this application)

5. Are any household members, under the age of 18, claiming emancipation (yourself included)? Yes or No
   If yes, please provide documentation to validate emancipation.

6. Will you or anyone in your household require a live-in care attendant? Yes or No

7. Do you have full custody of your children? Yes or No No Children
   If No, please explain:_____
   _____

8. **RECERTIFICATION ONLY:** Are there any changes to your income or assets from your last certification? Yes or No or NA
   If yes, please list changes: _____

DEMOGRAPHICS (OPTIONAL) Providing one's race and ethnicity is an optional disclosure for applicants/tenants. Declining to do so will **not affect** your eligibility for this program. This is being tracked for informational purposes only.

Race (Mark corresponding box(es) and indicate number in household)

❑ White _____	❑ Native Hawaiian _____	❑ Other multiple race combinations _____
❑ Black/African American _____	❑ American Indian/Alaskan Native _____	❑ Asian/Pacific Islander _____

Ethnicity (Mark box(es) and indicate number in household) ☐ Hispanic or Latino _____ ☐ Not Hispanic or Latino _____

☐ I do not wish to disclose Race or Ethnicity _____

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CURRENT EMPLOYMENT INFORMATION (Head of Household):		
Company Name:_____		Title:_____
Address:_____		Date of Hire:_____
City/State/Zip:_____		Monthly Gross Wage: $_____
Phone:_____	Fax:_____	Supervisor:_____
ADDITIONAL EMPLOYER INFORMATION:		
Company Name:_____		Title:_____
Address:_____		Date of Hire:_____
City/State/Zip:_____		Monthly Gross Wage: $_____
Phone:_____	Fax:_____	Supervisor:_____
PREVIOUS EMPLOYMENT INFORMATION: (If above employment is less than 6 months)		
Company Name:_____		Title:_____
Address:_____		Date Left: _____
City/State/Zip:_____		Monthly Gross Wage: $_____
Phone:_____	Fax:_____	Supervisor:_____

Do you receive tips? Yes or No
If yes, amount per week$_____

Do you expect to earn substantial overtime? Yes or No
If yes, amount per week: $_____

CURRENT EMPLOYMENT INFORMATION (Spouse):		
Company Name:_____		Title:_____
Address:_____		Date of Hire:_____
City/State/Zip:_____		Monthly Gross Wage: $_____
Phone:_____	Fax:_____	Supervisor:_____
ADDITIONAL EMPLOYER INFORMATION:		
Company Name:_____		Title:_____
Address:_____		Date of Hire:_____
City/State/Zip:_____		Monthly Gross Wage: $_____
Phone:_____	Fax:_____	Supervisor:_____

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PREVIOUS EMPLOYMENT INFORMATION: (If above employment is less than 6 months)		
Company Name:_____		Title:_____
Address:_____		Date Left: _____
City/State/Zip:_____		Monthly Gross Wage: $_____
Phone:_____	Fax:_____	Supervisor:_____

Do you receive tips? Yes or No
If yes, amount per week$_____

Do you expect to earn substantial overtime? Yes or No
If yes, amount per week: $_____

OTHER INCOME INFORMATION:		
*Identify each source of income currently received **or anticipated** to be received in the next 12 months for all adults in household.*	Circle Yes or No for each item listed	Monthly Gross Income & Household Member (Enter N/A if none)
1. Self-Employment	Yes or No	$_____
2. Not Employed	Yes or No	_____
3. Unemployment Compensation	Yes or No	$_____
4. Disability/Worker's Compensation/Severance Pay	Yes or No	$_____
5. Social Security/SSI Benefits	Yes or No	$_____
6. VA Benefits	Yes or No	$_____
7. Pension/Annuity	Yes or No	$_____
8. Other retirement benefits such as 401k or IRA (including cash out)	Yes or No	$_____
9. Military Pay	Yes or No	$_____
10. Public Assistance (AFDC/TANF/W-2) *Not Food Stamps	Yes or No	$_____
11. Child Support/Alimony/Family Maintenance	Yes or No	$_____
12. Recurring Gift/Contribution (Monetary or not)	Yes or No	$_____
13. Rental Income *Not Housing Assistance	Yes or No	$_____
14. Lottery Winnings Paid Periodically	Yes or No	$_____
15. Adoption Assistance	Yes or No	$_____
16. Trust Income	Yes or No	$_____
17. Educational Financial Assistance	Yes or No	$_____
18. Other Income (i.e. inheritance, insurance policies)	Yes or No	$_____
19. Zero Income (No income from any source)	Yes or No	_____

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ASSET INFORMATION: *List all assets for every household member, including minors.*				
Type of Asset:	Circle One	Name of Financial Institution (s) & Household Member	Interest Rate	Amount
1. Checking	Yes or No	_____ _____	_____ _____	$_____ $_____
2. Savings	Yes or No	_____ _____ _____	_____ _____ _____	$_____ $_____ $_____
3. Cash on Hand	Yes or No			$_____ $_____
4. Stocks/Mutual Funds	Yes or No	_____ _____	_____ _____	$_____ $_____
5. CD/Money Markets	Yes or No	_____ _____	_____ _____	$_____ $_____
6. Treasury Bill	Yes or No	_____ _____	_____ _____	$_____ $_____
7. Bonds	Yes or No	_____ _____	_____ _____	$_____ $_____
8. Pension/Annuity	Yes or No	_____ _____	_____ _____	$_____ $_____
9. Whole Life & Universal Life Insurance *Not Term	Yes or No	_____ _____	_____ _____	$_____ $_____
10. Crypto Currency	Yes or No	_____ _____	_____ _____	$_____ $_____
11. Land Contract/Deed of Trust	Yes or No	_____ _____	_____ _____	$_____ $_____
12. Real Estate	Yes or No	_____ _____	_____ _____	$_____ $_____
13. Safety Deposit Box	Yes or No	_____ _____	_____ _____	$_____ $_____
14. Personal Property Held as an Investment	Yes or No	_____ _____	_____ _____	$_____ $_____

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15. Trusts	Yes or No	_____ _____	_____ _____	$_____ $_____
16. Lottery Winnings (Lump Sum)	Yes or No	_____ _____	_____ _____	$_____ $_____
17. Lump Sum Receipts	Yes or No	_____ _____	_____ _____	$_____ $_____
18. Any other asset not listed above: Asset:	Yes or No	_____ _____	_____ _____	$_____ $_____
	Yes or No	_____ _____	_____ _____	$_____ $_____
	Yes or No	_____	_____	$ _____

Circle One

1. Do all combined assets of the entire household total **less than $50,000**? Yes or No

2. In the past two (2) years, have you sold or given away any type of asset for more than $1,000 less than Fair Market Value? Yes or No

   If yes, please complete the following:

   Asset Disposed: _____
   Date Disposed: _____
   Amount Disposed: _____
   Fair Market Value as of Date Disposed: _____

   Was the disposal of this asset due to:
   Bankruptcy Yes No
   Foreclosure Yes No
   Marital Separation Yes No
   Divorce Yes No

   Asset Disposed: _____
   Date Disposed: _____
   Amount Disposed: _____
   Fair Market Value as of Date Disposed: _____

   Was the disposal of this asset due to:
   Bankruptcy Yes No
   Foreclosure Yes No
   Marital Separation Yes No
   Divorce Yes No

3. Have you given any gifts of money totaling more than $1,000 in the past two (2) years? Yes or No

   Gifted To: _____
   Date Gifted: _____
   Amount Gifted: _____

   Gifted To: _____
   Date Gifted: _____
   Amount Gifted: _____

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RESIDENTIAL HISTORY: ***Please provide 3 years of housing history***	
Current Address:_____	_____Own _____Rent _____Other_____
City/State/Zip:_____	Date Moved In:_____
Landlord Name/Mortgage Company:_____	Rent/Mortgage:_____
Phone:_____ Reason for leaving:_____	
Previous Address:_____	_____Own _____Rent _____Other_____
City/State/Zip:_____	Date Moved In:_____
Landlord Name/Mortgage Company:_____	Rent/Mortgage:_____
Phone:_____ Reason for leaving:_____	
Previous Address:_____	_____Own _____Rent _____Other_____
City/State/Zip:_____	Date Moved In:_____
Landlord Name/Mortgage Company:_____	Rent/Mortgage:_____
Phone:_____ Reason for leaving:_____	

OTHER INFORMATION:

Have you ever filed for bankruptcy?	Yes	or No	
Have you ever evicted for any reason?	Yes	or No	
Have you ever been convicted of a felony?	Yes	or No	
Do you have any pets?	Yes	or No	If yes, type:
Do you have any special housing needs?	Yes	or No	If yes, explain:

Vehicles: Automobiles, boats, motorcycles, trailers, etc. you would keep on the property:		
Vehicle Make & Model: _____	Year: _____	License Plate #: _____
Vehicle Make & Model: _____	Year: _____	License Plate #: _____
Vehicle Make & Model: _____	Year: _____	License Plate #: _____
HOH Driver's License #:_____ Spouse Driver's License #:_____	State:_____ State:_____	Expires:_____ Expires:_____

Rental Assistance:		
Will anyone in your household be receiving, or anticipate receiving any form of rental assistance? Yes or No	If Yes, where will the rental assistance be coming from?:_____	If Yes, is the assistance a voucher or a certificate?_____ Assistance Amount: $_____

Contact Information:		
HOH Current Email Address:_____ Spouse Email Address: _____	Cell Phone: _____ Cell Phone: _____	Alternate Phone:_____ Alternate Phone: _____

Emergency Contact Information:		
Name:_____	Relation:_____	Phone:_____
Name: _____	Relation:_____	Phone:_____

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All questions answered YES will be verified through the appropriate third-party source. It is your responsibility to provide management with all necessary information in a timely manner to properly process your application and verify your eligibility.

CERTIFICATION BY APPLICANTS:

WARNING: Section 1001 of Title 18 of the US Code makes it a criminal offense to make willful false statement or misrepresentation to any Department or Agency of the US as to any matter within its jurisdiction.

I/We certify that I understand and have answered all the questions on this application. I/We certify that all answers are true and correct to the best of my/our knowledge and any misrepresentation of information will be reported to the Internal Revenue Service (IRS) and may lead to denial of my/our application and possible eviction. I/We also understand I/We will be required to recertify for the Section 42 program each year (or when otherwise necessary) and agree to provide to management any necessary documentation needed for this process in a timely manner.

I/We understand I/We must report any changes to household composition and student status to management PRIOR to such change.

_____Initials

_____Initials

IF COMPLETED BY A MARRIED COUPLE, BOTH MUST SIGN BELOW

_____	_____	_____
Applicant Printed Name	Applicant Signature	Date
_____	_____	_____
Applicant Printed Name	Applicant Signature	Date

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AUTHORIZATION FOR RELEASE OF INFORMATION

CONSENT

I/We, the undersigned, hereby authorize and direct any federal, state or local agency, organization, business, school or individual to release without liability, information regarding employment, income, assets and/or student status to Granary Place. I/We understand and agree this information will be used to verify my application for tax credit eligibility at Granary Place, and/or to maintain my conditioned residence at Granary Place, which operates under Section 42 of the Internal Revenue Code.

INFORMATION COVERED

I/We understand previous or current information regarding me or any members of my household (including dependent children) may be needed. I/We understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my eligibility for and continued participation as a Qualified Tenant. Verifications and inquires that may be requested include, **but are not limited to**:

- ✓ Identity of Family Composition
- ✓ Employment (Past and current)
- ✓ Character/Behavior Background
- ✓ Residences & rental activity
- ✓ Income
- ✓ Student Status
- ✓ Credit & Criminal Background
- ✓ Assets

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information includes **but is not limited to**:

- ✓ Previous/current landlords (including Public Housing Agencies)
- ✓ Law Enforcement
- ✓ Social Security Administration
- ✓ Banks/Financial Institutions
- ✓ Court and Post Offices
- ✓ Past/Present Employers
- ✓ Retirement Systems
- ✓ Credit Providers/Credit Bureaus
- ✓ Support and Alimony Providers
- ✓ Schools and Colleges
- ✓ State Unemployment/Welfare Agencies
- ✓ Veterans Administrations
- ✓ Military/Government Agencies

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 with Granary Place and will stay in effect for a year and one month from the date signed.

SIGNATURES FOR ALL APPLICANTS OVER 18 YEARS OF AGE

Signature	Print Name	Social Security Number	Date
Signature	Print Name	Social Security Number	Date
Signature	Print Name	Social Security Number	Date
Signature	Print Name	Social Security Number	Date