



SUBJECT: APPLICANT FOR RESIDENCY – TAX CREDIT COMMUNITIES

PLEASE DO NOT USE WHITEOUT!

COMMUNITY: \_\_\_\_\_ PROGRAM: \_\_\_\_\_  
ORIGINAL DATE RECEIVED: \_\_\_\_\_ TIME: \_\_\_\_\_ / UPDATED DATE: \_\_\_\_\_ TIME: \_\_\_\_\_  
\*\*\*\*\*This Section To Be Filled Out by Office ONLY\*\*\*\*\* Rev. 09/2024

HOW DID YOU HEAR ABOUT US? \_\_\_\_\_ APARTMENT SIZE REQUEST: ☐ 1 BR. ☐ 2 BR. ☐ 3 BR. ☐ 4 BR.

APPLICANT NAME (FIRST, MIDDLE, LAST): \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

BEST PHONE #: \_\_\_\_\_ OTHER PHONE #: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**I. HOUSEHOLD COMPOSITION AND CHARACTERISTICS**

1. List the Head of Household (HOH) and all other members who will be living in the apartment. Indicate the relationship of each to the Head of Household.

\*Relationship: Spouse; CO-Head; Other Adult; or Dependent

\*\*STUDENT STATUS: F/T-Full Time; P/T-Part Time; or N/A

MEMBER'S NAME	*Relationship to HOH	DATE OF BIRTH	SEX	**STUDENT STATUS	FULL SOCIAL SECURITY NUMBER

2. Does anyone live with you now who is not listed above? ☐ Yes ☐ No

3. Does anyone plan to live with you in the next 12 months who is not listed above? ☐ Yes ☐ No

If yes, explain: \_\_\_\_\_

4. Have you, or any member of your household ever used a different name from the above name shown? ☐ Yes ☐ No  
If yes, please list names used and dates when such names were used: \_\_\_\_\_

5. Will any of the above household members live anywhere except the apartment? ☐ Yes ☐ No  
 Are there any other persons who will live in the apartment on less than a full-time basis? ☐ Yes ☐ No  
 If either question is answered yes, please explain: \_\_\_\_\_
6. It MAY be a requirement of eligibility into this housing program that you, your spouse or head of household fall into one of the following categories. Please check all items which may apply:  
 Age 62 and over ☐ Yes ☐ No Disabled ☐ Yes ☐ No
7. If any of the above categories were checked, is a reasonable modification required and, if so, what kind?  
☐ Yes ☐ No Apartment with Accessibility Features  
☐ Yes ☐ No Site Impaired Apartment ☐ Yes ☐ No Hearing-Impaired Apartment  
☐ Yes ☐ No Assistance Animal ☐ Yes ☐ No Other: \_\_\_\_\_
8. Are you or any household member now living or have lived in a federally subsidized housing apartment? ☐ Yes ☐ No  
 If yes: Name of Community: \_\_\_\_\_  
 Name of Manager: \_\_\_\_\_ Phone No: \_\_\_\_\_
9. Do you have a Voucher from a Housing Authority or any Agency? ☐ Yes ☐ No Name of Agency: \_\_\_\_\_

## II. INCOME AND ASSET INFORMATION

Please answer each of the following questions. For each Yes, provide details in the tables below. Do you, or any member of your household:

**Yes No**

- ☐ ☐ Work full-time, part-time or seasonally?
- ☐ ☐ Work for someone who pays cash to work?
- ☐ ☐ Self Employed (Own a business, Door Dash, Uber, Uber Eats, Lyft, eBay, Etsy, or any business which you receive a 1099)
- ☐ ☐ Do you receive any payments due to medical, maternity, or military leave?
- ☐ ☐ Do you receive Unemployment Benefits?
- ☐ ☐ Do you receive Workers Comp Benefits?
- ☐ ☐ Do you receive Child Support or Alimony that is **NOT** Court Ordered?
- ☐ ☐ Do you receive or expect to receive Court Ordered Child Support?
- ☐ ☐ Do you have Court Ordered Child Support and have not received any payments in the **past 12 months**?
- ☐ ☐ Now receive or expect to receive Court Ordered Alimony?
- ☐ ☐ Have Court Ordered Alimony that has not been paid in the **past 12 months**?
- ☐ ☐ Now receive or expect to receive cash assistance from Dept. of Human Services (TANF, Families First, General Assistance)?
- ☐ ☐ Now receive or expect to receive Social Security, SSI, SSD, or Death benefits from Social Security?
- ☐ ☐ Now receive or expect to receive income from Pension, VA. Benefits, Annuity, or Life Insurance dividends?
- ☐ ☐ Now receive or expect to receive regular contributions from an individual(s) not living in the apartment or from an organization?
- ☐ ☐ Receive interest income from assets, including interest from checking or savings accounts, interest and dividends from certificates of deposit, stocks or bonds or income from rental property?
- ☐ ☐ Own or are listed as a part owner of Real Estate?
- ☐ ☐ Have you sold or given away real property or other assets (including cash) valued at \$1,000 or more in the past two years?
- ☐ ☐ Does any member of your household, between 18 years to 23 years, receive money from school-aid, scholarships or educational grants?
- ☐ ☐ Are any member(s) a former student in the past year, current student, or will be a student, over 18 years old, and attending school?

If Yes, provide the member(s) full name: \_\_\_\_\_

If all of the household members listed are Full-Time students, please answer the following questions:

- A. Does the household receive assistance from AFDC/Families First/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 made up 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 outside this household? ☐ Yes ☐ No
- E. Has at least one student been under the care and placement responsibility of the state agency responsible for Administering foster care? ☐ Yes ☐ No

**TOTAL HOUSEHOLD INCOME:** List all monies earned or received by everyone living in your household. This includes money from wages, self-employment, child support, contributions, Social Security, disability payments (SSI), Workers Compensation, retirement benefits AFDC, Veterans benefits, rental property income, stock dividends, income from bank accounts, alimony and all other sources.

HOUSEHOLD MEMBER	TOTAL WEEKLY WAGES	AFDC MONTHLY	CHILD SUPPORT MONTHLY	SOCIAL SECURITY BENEFITS MONTHLY	UNEMPLOYMENT BENEFITS BI-WEEKLY	ALL OTHER INCOME

### III. ASSETS

1. List all checking, savings accounts (including IRAs, Keogh accounts and Certificates of Deposits), cash on hand and pay cards of all household members.

HOUSEHOLD MEMBER	BANK NAME	TYPE OF ACCOUNT	BALANCE	INTEREST RATE

2. List the value of all stocks, bonds, trust, real estate and other assets owned by any household member:

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3. List any value of any assets disposed of for less than their fair market value during the **past two years:**  
(Date disposed of, what was sold/given away, and what was the Cash Value)

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**IV. RENTAL HISTORY (List all locations you have lived at in the Past 2 years for Landlord(s), Family, or Friend(s))**

**Head of House**

**Co-Head or Other Adult Member**

A. **Current Landlord Name:** \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone No.: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Moved-In: \_\_\_\_\_ (MM/YY)  
Current Rent: \$ \_\_\_\_\_  
Reason for leaving? \_\_\_\_\_

A. **Current Landlord Name:** \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone No.: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Moved-In: \_\_\_\_\_ (MM/YY)  
Current Rent: \$ \_\_\_\_\_  
Reason for leaving? \_\_\_\_\_

B. **Past Landlord Name:** \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone No.: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Moved-In: \_\_\_\_\_ Move Out: \_\_\_\_\_  
Rent Amount: \$ \_\_\_\_\_  
Reason for leaving? \_\_\_\_\_

B. **Past Landlord Name:** \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone No.: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Moved-In: \_\_\_\_\_ Move Out: \_\_\_\_\_  
Rent Amount: \$ \_\_\_\_\_  
Reason for leaving? \_\_\_\_\_

Have you, or any member of your household ever been evicted or otherwise removed from rental housing? ☐ Yes ☐ No  
If yes, please list names, address and dates: \_\_\_\_\_

Has any place where you, or any member of your household were living, been destroyed or damaged by fire? ☐ Yes ☐ No  
If yes, please list names, addresses and dates: \_\_\_\_\_

Do you, or any member of your household, owe any money to a Section 8 or Voucher property? ☐ Yes ☐ No  
If yes, please list names, addresses and dates: \_\_\_\_\_

**V. EMPLOYMENT HISTORY: Name and address of Current and Former Employers for past 12 months**

**For: Head of Household**

**Spouse/Co-Head/Other Adult Member**

**Current Employer Name:** \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone No.: \_\_\_\_\_  
Date of Hire: \_\_\_\_\_

**Current Employer Name:** \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone No.: \_\_\_\_\_  
Date of Hire: \_\_\_\_\_

**Former Employer Name:** \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone No.: \_\_\_\_\_  
Length of employment: \_\_\_\_\_ to \_\_\_\_\_

**Former Employer Name:** \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone No.: \_\_\_\_\_  
Length of Employment: \_\_\_\_\_ to \_\_\_\_\_

**VI. EMERGENCY CONTACTS: To leave a message about your application processing if we can't reach you**

**For HOH:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No. \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**For Co-Head and Other Adult**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No. \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**VII. VEHICLE REGISTRATION**

Do you or any household members have a vehicle(s)? ☐ Yes ☐ No If yes, how many?

Make	Model	Year	Tag Number	State

**VIII. PET INFORMATION**

Do you or any household members have any pets? ☐ Yes ☐ No

**Or do you have a Service/Companion Animal?** ☐ Yes ☐ No

If yes, please list: \_\_\_\_\_

**IX. REGISTERED SEX OFFENDER**

Is anyone in the household a registered sex offender? ☐ Yes ☐ No

If Yes, please provide the name of the household member and State currently registered:

Name of Member: \_\_\_\_\_ State: \_\_\_\_\_

**VOLUNTARY INFORMATION FOR GOVERNMENT MONITORING PURPOSES**

The following information is requested to monitor this marketing agent's compliance with Equal Credit Opportunity and Fair Housing Laws. The law provides that a leasing agent may neither discriminate on the basis of this information nor on whether or not it is furnished. Furnishing this information is optional. If you do not wish to furnish the following information, please initial below.

**APPLICANT:**

RACE/ETHNIC:

☐ American Indian ☐ Alaskan Native ☐ Asian ☐ Black or African American

☐ White ☐ Native Hawaiian or Other Pacific Islander ☐ Other \_\_\_\_\_

☐ Yes ☐ No Ethnicity: **Hispanic** ☐ I do not wish to furnish this information

SEX: ☐ Female ☐ Male

**CO-APPLICANT:**

RACE/ETHNIC:

☐ American Indian ☐ Alaskan Native ☐ Asian ☐ Black or African American

☐ White ☐ Native Hawaiian or Other Pacific Islander ☐ Other \_\_\_\_\_

☐ Yes ☐ No Ethnicity: **Hispanic** ☐ I do not wish to furnish this information

SEX: ☐ Female ☐ Male

**OTHER ADULT APPLICANT:**

RACE/ETHNIC:

- ☐ American Indian      ☐ Alaskan Native      ☐ Asian      ☐ Black or African American  
☐ White      ☐ Native Hawaiian or Other Pacific Islander      ☐ Other \_\_\_\_\_  
☐ Yes    ☐ No Ethnicity: *Hispanic*      ☐ I do not wish to furnish this information

SEX:    ☐ Female    ☐ Male

Upon acceptance of your application, we will make a preliminary determination of eligibility. If your household appears to be eligible for housing, your application will be placed on the Waiting List, however, this does not guarantee that your household will be offered an apartment. If later processing establishes that your household is not eligible or not qualified for housing, your application will be rejected. We will process your application according to standard procedures which are summarized in the Resident Selection Criteria posted in the Management Office. It is your responsibility to contact us whenever your address, telephone number, income situation, or family composition changes.

**APPLICATION CERTIFICATION**

I/We certify that if selected to receive assistance, the unit I/we occupy will be my/our only residence. I/We understand that the above information is being collected to determine my/our eligibility. I/We authorize the owner/manager to verify all information provided on this application which may be required to complete the application. I/We certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal Law. Provision of false information on this housing application or any other forms completed or refusal to provide management with complete and accurate information will result in automatic rejection of the application for housing.

I/We understand that prior to acceptance, a credit report, current and previous landlord verification, a background check will be completed. I/We understand that I/we will be removed from the waiting list if I/we fail to notify the Management Office if my/our address, telephone number, income situation, or family composition changes.

\_\_\_\_\_  
Signature of Head of Household\_\_\_\_\_  
Date\_\_\_\_\_  
Signature of Spouse/Co-Head of Household\_\_\_\_\_  
Date\_\_\_\_\_  
Family Member 18 years or older\_\_\_\_\_  
Date\_\_\_\_\_  
Family Member 18 years or older\_\_\_\_\_  
Date\_\_\_\_\_  
Signature of Management\_\_\_\_\_  
Date

If you or anyone in your household is a person with disabilities and requires a specific accommodation in order to fully comply with this notice, please contact our office for assistance. If you are a victim or threatened victim of domestic violence, dating violence, sexual assault and/or stalking, you have certain protections under the Violence Against Women Act (VAWA). FOURMIDABLE does not discriminate on the basis of disability, race, color, national origin, sex, religion, familial status, actual or perceived sexual orientation, gender identity, sexual orientation, marital status, or any other protected category in admission or access to any community and a Coordinator has been designated to monitor Section 504 compliance. Inquiries can be made to (248)593-4600 or TYY 711

Application - 100% LIHTC



**SUBJECT: APPLICANT/RESIDENT AUTHORIZATION FOR THE RELEASE OF INFORMATION**

COMMUNITY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

APPLICANT/RESIDENT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

I authorize the release of any information (including documentation and other material(s) pertinent to eligibility for residency.

Information inquiries about:

Credit History  
Household Composition  
Identity and Marital Status  
Residences and Rental History

Criminal Activity  
All Household Income and Assets  
Social Security Numbers

Individuals or Organizations That May Release Information:

Banks and Other Financial Institutions  
Law Enforcement Agencies  
Employers, Past and Present  
Schools and Colleges  
U.S. Department of Veterans Affairs  
Welfare Agencies  
Providers of:

Courts  
Credit Bureaus  
Landlords  
Social Security Administration  
Utility Companies

Alimony, Child Support, Credit, Handicapped Assistance, Pensions, Annuities, any Household Income

I agree that the photocopies of this authorization may be used for the purpose stated above. If I do not sign this authorization, I also understand that my application for residency may be denied or terminated.

\_\_\_\_\_  
Applicant/Resident Signature                      Date\_\_\_\_\_  
Applicant/Resident Signature                      Date\_\_\_\_\_  
Applicant/Resident Signature                      Date\_\_\_\_\_  
Applicant/Resident Signature                      Date\_\_\_\_\_  
Applicant/Resident Signature                      Date\_\_\_\_\_  
Applicant/Resident Signature                      Date

I certify that the above-named individual has read this document fully, or that I have read it to him/her. I have explained the contents and answered any questions to the best of my ability, and he/she understood the significance of this document at the time of the signing.

\_\_\_\_\_  
Management Signature                                      Date