

Applicant Name: _____

Seniors on Broadway · 750 Broadway · PO Box 850 · Eagle, CO 81631
Office 970-328-6970 · Fax 970-328-6960

Low Income Housing Tax Credit Program

Applicant Questionnaire

Household Information

List all household members that are applying to live in this apartment including yourself.

Name <i>First, Middle Initial, Last</i>	Relationship to Head of Household	M/F	Social Security Number	Age	Birth Date <i>Month, Date, Year</i>

Current Address: _____

Daytime Phone: _____ **Evening Phone:** _____

YES NO

- Do you expect any additions to the household within the next twelve months?**
 Name & Relationship: _____
 Explanation: _____
- Is there anyone living with you or are you living with anyone now who won't be living with you at this property?**
 Name & Relationship: _____
 Explanation: _____
- Do you have full custody of your child(ren)?** *(If no, obtain proof of amount of time child{ren} will be living in unit.)*
 Explanation: _____
- Are there any absent household members who under normal conditions would live with you?** *(For example, a spouse away in the military.)*
 Explanation: _____
- Does your household have or anticipate having any pets other than those used as service animals?**

Applicant Name: _____

Rental History

YES

NO

6. Have you or any one else named on this application filed for bankruptcy?

Explanation: _____

7. Have you or any one else named on this application been convicted of a felony?

Explanation: _____

8. Have you or any one else named on this application been convicted for dealing or manufacturing illegal drugs?

Explanation: _____

9. Have you or any one else named on this application been convicted of property damage?

Explanation: _____

10. Have you or any one else named on this application been evicted from a rental unit of any type including an apartment, home, mobile home or trailer?

Explanation: _____

Housing References

List the past THREE years of housing references. (If additional space is required, use the back of this page.)

	<u>Landlord's Name/Address</u>	<u>Your Address</u>	<u>Own/Rent</u>	<u>Dates</u>
Name:	_____	_____	Own	From: _____
Address:	_____	_____	Rent	To: _____
Phone:	() _____	_____		
Name:	_____	_____	Own	From: _____
Address:	_____	_____	Rent	To: _____
Phone:	() _____	_____		
Name:	_____	_____	Own	From: _____
Address:	_____	_____	Rent	To: _____
Phone:	() _____	_____		

Personal Reference

List a personal reference other than a relative.

Name: _____

Address: _____

Phone: _____ Relationship: _____ Years Known: _____

Applicant Name: _____

Vehicle Identification

List vehicle information for all vehicles that are owned or operated by any household member.

	<u>Tag/License Plate #</u>	<u>State Issued</u>	<u>Make/Model/Year</u>
Vehicle #1:	_____	_____	_____
Vehicle #2:	_____	_____	_____

Emergency Contact

List someone in the area that is not already on the application.

Name: _____

Address: _____

Phone: _____ Relationship: _____ Years Known: _____

Income Information

Income is counted for anyone 18 or older (unless legally emancipated). However, if the income is unearned income such as a grant or benefit, it is counted for all household members including minors.

Include all income anticipated for the next 12 months.

Do YOU or ANYONE in your household receive OR expect to receive income from:

YES NO

(EMC #01)	11. Employment wages or salaries? <i>(Include overtime, tips, bonuses, commissions and payments received in cash.)</i>		
	<u>Household Member</u>	<u>Name of Company</u>	<u>Amount</u>
	_____	_____	_____
	_____	_____	_____
(EMC #02)	12. Self-employment? <i>(Include overtime, tips, bonuses, commissions and payments received in cash.)</i>		
	<u>Household Member</u>	<u>Type of Business</u>	<u>Amount</u>
	_____	_____	_____
	_____	_____	_____
(EMC #03)	13. Regular pay as a member of the Armed Forces/Military?		
	<u>Household Member</u>	<u>Base Name & Branch</u>	<u>Amount</u>
	_____	_____	_____
	_____	_____	_____
(EMC #04)	14. Unemployment benefits or workman's compensation?		
	<u>Household Member</u>	<u>Case Worker</u>	<u>Amount</u>
	_____	_____	_____
	_____	_____	_____

Applicant Name: _____

Yes No

(EMC #05)

15. Public Assistance, General Relief or Temporary Assistance for Needy Families (TANF)?

Household Member

Case Worker

Amount

(EMC #6 & #19)

16. (a) Child support or Alimony? Please list all court ordered amounts whether you are receiving payment or not: (We must count court-ordered support whether or not it is received unless legal action has been taken to remedy. We must also count support that is not court-ordered rather received directly from payer.)

Household Member

Payer

Amount

(b) How is the support received? (Check all that apply)

Child Support Enforcement Agency

Name of Agency: _____

Court of Law

Name of Court: _____

Directly from Individual

Name of Person: _____

Other

Explain: _____

(c) If support/alimony is court-ordered but not actually received, are you taking legal action to remedy?

(If yes, obtain court papers)

Explanation: _____

(EMC #07)

17. Social Security, SSI or any other payments from the Social Security Administration?

Household Member

SSA Office

Amount

(EMC #08)

18. Regular payments from a Veteran's benefit, pension, retirement benefit or annuities?

Household Member

Source of Benefit

Amount

(EMC #08)

19. Regular payments from a severance package?

Household Member

Source of Benefit

Amount

(EMC #08)

20. Regular payments from any type of settlement? (For example, insurance settlements.)

Household Member

Source of Benefit

Amount

(EMC #08)

21. Regular gifts or payments from anyone outside of the household?

(This includes anyone supplementing your income or paying any of your bills.)

Household Member

Source of Benefit

Amount

Applicant Name: _____

YES NO

(EMC #08) 22. Regular payments from lottery winnings or inheritances?

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

(EMC #08) 23. Regular payments from rental property or other types of real estate transactions?

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

(EMC #08) 24. Any other income sources or types not listed?

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

25. Do you or any other household members expect any changes to your income in the next 12 months?

Explanation: _____

Asset Information:

Include all assets held and the income derived from the asset. INCLUDE ALL ASSETS HELD BY ALL HOUSEHOLD MEMBERS INCLUDING MINORS.

Do YOU or ANYONE in your household hold:

YES NO

(EMC #09) 26. Checking or savings account?

<u>Household Member</u>	<u>Financial Institute</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

(EMC #09) 27. CDs, money market accounts or treasury bills?

<u>Household Member</u>	<u>Financial Institute</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

(EMC #10) 28. Stocks, bonds or securities

<u>Household Member</u>	<u>Company or Broker</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

(EMC #09) 29. Trust Funds

<u>Household Member</u>	<u>Financial Institute</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

YES NO

Applicant Name: _____

(EMC #09)

30. Pensions, IRAs, Keogh or other retirement accounts?

Household Member

Financial Institute

Amount

(EMC #09)

31. Whole life insurance policy?

Household Member

Insurance Carrier

Amount

(EMC #10)

32. Real estate, rental property, land contracts/contract for deeds or other real estate holdings?

(This includes your personal residence, mobile homes, vacant land, farms, vacation homes or commercial property.)

Household Member

Address of Property

Amount

(EMC #10)

33. Personal property held as an investment?

(This includes paintings, coin or stamp collections, artwork, collector or show cars, and antiques. This does not include your personal belongings such as your car, furniture or clothing.)

Household Member

Item

Amount

(EMC #13)

34. A safe deposit box?

Household Member

Financial Institute

Amount

(EMC #11)

35. Have you or any other household members disposed of or given away any asset(s) for LESS than fair market value within the past 2 years?

Household Member: _____ Amount: _____

Explanation: _____

Applicant Status

The following questions pertain to specific eligibility requirements of the Housing Credit Program.

YES NO

(EMC #20)

36. Are you or any other ADULT household members claiming zero income?

Household Member: _____

Explanation: _____

(EMC #12 & #18)

37. Are you or any other household members (INCLUDING MINORS) currently a full-time student or expect to be one in the next 12 months?

Household Member(s): _____

YES NO

Applicant Name: _____

(EMC #15 & #21)

38. Will you or any ADULT household member require a live-in care attendant to live independently?

Name of Attendant: _____

Relationship (if any): _____

39. Will your household be receiving Section 8 rental assistance at time of move-in?

Name of Agency: _____

Contact Person: _____

40. Will your household be eligible or are you applying to receive Section 8 rental assistance in the next 12 months?

Expected Date: _____

Name of Agency: _____

Contact Person: _____

Signature Clause

I understand that management is relying on this information to prove my household's eligibility for the Housing Credit Program. I certify that all information and answers to the above questions are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may result in criminal penalties.

I authorize my consent to have management verify the information contained in this application for purposes of proving my eligibility for occupancy. I will provide all necessary information including source names, addresses, phone numbers, and account numbers where applicable and any other information required for expediting this process. I understand that my occupancy is contingent on meeting management's resident selection criteria and the Housing Credit Program requirements.

All ADULT household members must sign below:

Signature

Date

Signature

Date

Signature

Date

For Office Use Only

Date of Interview: _____

Desired Apt. #: _____

Desired Move-in Date: _____