

# TAX CREDIT APPLICATION

Development: \_\_\_\_\_ Unit #: \_\_\_\_\_ #Bedrooms \_\_\_\_\_ Anticipated Move-In Date: \_\_\_\_\_  
 Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

**All applicants 18 years of age and older, not related by blood, marriage or adoption, must complete their own application.**

PERSONS OCCUPYING THE UNIT			RELATIONSHIP	SOCIAL SECURITY NUMBER	DATE OF BIRTH	STUDENT (Circle One)	
Last	First	Middle				Y	N
			Head				Y N
							Y N
							Y N
							Y N
							Y N
							Y N

**A. General Information**

1. Do you own a pet? **Yes** **No** If yes, what kind? \_\_\_\_\_ Weight \_\_\_\_\_
2. Have you ever filed bankruptcy? **Yes** **No** If yes, please explain (include dates): \_\_\_\_\_
3. Have you ever been convicted of a felony? **Yes** **No** If yes, please explain: \_\_\_\_\_
4. Have you ever been evicted from an apartment for any reason? **Yes** **No**  
If yes, please explain: \_\_\_\_\_

**B. Housing Reference (List all residences and applicable landlord reference IN THE PAST TWO YEARS.)**

Present Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 From \_\_\_\_\_ To \_\_\_\_\_ (Mth/Yr) \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
 Do you own this residence?  YES  NO If NO, do you rent this residence?  YES  NO  
 Landlord \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_ Landlord phone # \_\_\_\_\_ Rent per month \_\_\_\_\_

Previous Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 From \_\_\_\_\_ To \_\_\_\_\_ (Mth/Yr) \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
 Do you own this residence?  YES  NO If NO, do you rent this residence?  YES  NO  
 Landlord \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_ Landlord phone # \_\_\_\_\_ Rent per month \_\_\_\_\_

**C. Emergency Contact (Other than person listed on application). Please list someone in the immediate area if possible.**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Home Phone Number(\_\_\_\_) \_\_\_\_\_ Work Phone Number(\_\_\_\_) \_\_\_\_\_

Application continued, page 2 of 3



We encourage and support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, color, religion, sex.

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Y N 1. Are you or anyone in the household currently or soon to become a student? **full-time**  **part-time**  (#16)  
*(A full time student is defined as someone who has been or will be a full-time student for 5 months this year.)*  
 List name of student(s): \_\_\_\_\_

Y N 2. Are you separated, but not divorced from your spouse? (#37)

Y N N/A 3. Does an adult of this household have at least 50% custody AND at least 50% physical placement of every child listed on this Application?  
 Explanation of Custody Arrangements: \_\_\_\_\_

Y N 4. Are any household members temporarily absent?  
 Who? \_\_\_\_\_ How Long: \_\_\_\_\_

Y N 5. Do you expect any changes to your household within the next 12 months?  
**If yes, please explain:** \_\_\_\_\_

Y N 6. Are you receiving Section 8 Assistance? Agency \_\_\_\_\_ Phone # \_\_\_\_\_ (#50)

**ASSETS**

Please list where the asset(s) is held, the current value of each asset(s), and all income derived from the assets over the previous 12 months, for **all** household members. (Attach additional page(s) if necessary)

CIRCLE ONE	TYPE OF ASSET	WHERE HELD Please list addresses on attached form	BALANCE/ VALUE	INTEREST Y OR N (amount)	FORM #
Y N	Checking Acct. #1				1
Y N	Checking Acct. #2				1
Y N	Savings Acct. #1				1
Y N	Savings Acct. #2				1
Y N	Trust Account				1
Y N	Certificate of Deposits				1
Y N	Certificate of Deposits				1
Y N	Money Markets				1
Y N	Mutual Funds				1
Y N	Pension/Annuity (NOT Paid Periodically)				7
Y N	IRA/Keough/401 K				11
Y N	Stocks/Bonds				11
Y N	Real Estate (FMV - Mortgage Balance)				12/19
Y N	Land Contract (provide amortization sch)				12
Y N	Personal Property/Investment				11
Y N	Cash kept at home - \$500 or more on hand, not in checking/savings account.				38
Y N	Safe Deposit Box				38
Y N	Lump Sum Payment				25
Y N	Assets disposed of in the past 2 years.				15
Y N	Whole Life Insurance Policy				11
Y N	Total Household Assets Less Than \$5,000				34



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# INCOME

Please indicate each source of **ESTIMATED ANNUAL** income that you receive or anticipate receiving in the next twelve (12) months.

CIRCLE ONE	DESCRIPTION	FAMILY MEMBER	SOURCE	INCOME	FORM #
Y N	Employment #1				2
Y N	Employment #2				2
Y N	Self - Employment (2 years taxes)				3
Y N	Social Security				4
Y N	Social Security (SSI)				4
Y N	Public Assistance				5
Y N	Veterans Benefit				6
Y N	Pension/Annuity (Periodic Payments)				7
Y N	Disability				10
Y N	Child Support/Alimony (if court ordered but not receiving, still indicate "Y" and provide explanation)				8
Y N	Military Compensation				9
Y N	Unemployment Compensation				14
Y N	Rental Income/Land Contract Pymts.				10
Y N	Other Income				10
Y N	Lottery Payments (periodic)				10
Y N	Workers Compensation				10
Y N	Claiming ZERO income				30
Y N	Anticipated Income				29
Y N	Recurring Gift				10

The undersigned certify that the information and statements provided above are true and complete to the best of my/our knowledge and belief. I/We consent to release the information in order to qualify for Section 42 Housing. I/We understand that providing false information or making false statements may be grounds for denial of my/our application and may subject me/us to criminal penalties. I/We agree to provide verifications of all income and assets as required by the Owner or its agent. I/We further authorize disclosure of all information which will verify my/our income and assets. I/We understand applicants must be eligible for the Section 42 Tax Credit program. Subject to approval, this will be my/our primary residence.

A credit check will be completed through a credit bureau. By completing this application, applicant grants management permission to confirm the above information supplied by applicant. The Fair Credit Reporting Act requires that management discloses to applicant that an investigative consumer report including information as to applicant's character, general reputation, personal characteristics and mode of living will be made.

**Each Applicant 18 years of age or older must sign and date below.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_



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# STUDENT STATUS AFFIDAVIT

Date \_\_\_\_\_

Applicant/Resident \_\_\_\_\_

Property/Unit # \_\_\_\_\_

This rental community has received funding from a program which does not generally allow occupancy by households comprised entirely of full-time students. The following information is requested as part of the household qualification process. Please mark the applicable item(s).

A. \_\_\_\_\_ I am NOT a student and do not anticipate enrolling as a student in the upcoming certification year.

B. \_\_\_\_\_ I anticipate enrolling as a student in the upcoming certification year.

C. \_\_\_\_\_ I am a part-time student and expect to remain a part-time student in the upcoming certification year.

D. \_\_\_\_\_ I am a full-time student and offer the following explanation for eligibility consideration:

1. \_\_\_\_\_ I am married and filing a joint federal tax return with my spouse.

2. \_\_\_\_\_ I am a single parent with a minor child (ren) and I am not dependent of someone else NOR is my child (ren) a dependent of someone other than his/her parent.

3. \_\_\_\_\_ I receive Temporary Assistance for Needy Families (TANF) payments or other benefits under Title IV of the Social Security Act (W2, MFIP, etc).

4. \_\_\_\_\_ I am enrolled in a job training program receiving assistance under the Job Training Partnership Act (JTPA) or other similar federal, state or local program.

5. \_\_\_\_\_ I or another student household member was previously under foster care within 5 years of the effective date of this income certification.

6. \_\_\_\_\_ There is a non-full time student living in the household including infants and children not yet school age.

Under penalty of perjury, I certify that the information presented in this affidavit is true and accurate to the best of my knowledge. The undersigned further understands that proving false representations herein constitutes n act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement. I will provide proof of credit hours or other documentation that may require for each school term during my occupancy of a unit at this rental community.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner Representative

\_\_\_\_\_  
Date

## TENANT DEMOGRAPHIC PROFILE

**Property Name** \_\_\_\_\_ **Unit #** \_\_\_\_\_

**Name of Household:** \_\_\_\_\_

We request the following information in order to comply with the Housing and Economic Recovery Act (HERA) of 2008, which requires all Low Income Housing Tax Credit (LIHTC) properties to collect and submit to the U.S. Department of Housing and Urban Development (HUD), certain demographic and economic information on tenants residing in LIHTC financed properties. Although we would appreciate receiving this information, you may choose not to furnish it. You will not be discriminated against on the basis of this information, or on whether or not you choose to furnish it. If you do not wish to furnish this information, please check the box at the bottom of the page and initial.

**Effective Date of Certification:** \_\_\_\_\_ (YYYY/MM/DD)

**Household Size at Move-in Certification:** \_\_\_\_\_

Enter both Ethnicity and Race codes for existing household members (see below for codes).

Tenant Demographic Information						
HH Mbr#	Household Members Name	M or F	Age	Race	Ethnicity	Disabled (Y or N)
1						
2						
3						
4						
5						
6						

**The Following Race Codes should be used:**

- 1 – White – A person having origins in any of the original people of Europe, the Middle East or North Africa.
- 2 – Black/African American – A person having origins in any of the black racial groups of Africa. Terms such as “Haitian” or “Negro” apply to this category.
- 3 – American Indian/Alaska Native – A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- 4 – Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- 5 – Native Hawaiian/Other Pacific Islander – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

*Note: Multiple racial categories may be indicated as such: 31 – American Indian/Alaska Native & White, 41 – Asian & White, etc.*

**The Following Ethnicity Codes should be used:**

- 1 – Hispanic – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. Terms such as “Latino” or “Spanish Origin” apply to this category.
- 2 – Not Hispanic – A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

**Disability Status:**

Check “Y” if any member of the household is disabled according to Fair Housing Act definition for handicap (disability):

A physical or mental impairment which substantially limits one or more major life activities: a record of such an impairment; or being regarded as having such an impairment. For a definition of “physical or mental impairment and other terms used, please see 24 CFR 100.201, available at [http://www.fairhousing.com/index.cfm?method=page.display&pagename=regs\\_fhr\\_100=201](http://www.fairhousing.com/index.cfm?method=page.display&pagename=regs_fhr_100=201).

**Resident/Applicant: I do not wish to furnish information regarding ethnicity, race and other household composition.**

(Initials) \_\_\_\_\_

(HH #) 1. 2. 3. 4. 5. 6. 7. \_\_\_\_\_

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date

## AUTHORIZATION FOR RELEASE OF INFORMATION FORM

TO: \_\_\_\_\_ DATE: \_\_\_\_\_ APT. #: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
TEL #: \_\_\_\_\_ DEVELOPMENT NAME : \_\_\_\_\_  
APPLICANT/RESIDENT: \_\_\_\_\_  
FROM: \_\_\_\_\_  
TEL #: \_\_\_\_\_ FAX #: \_\_\_\_\_

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In order to comply with federal regulations requesting verification on all income, assets and allowances for residents of tax credit housing, please complete the following information and return it as soon as possible to the above address.

**AUTHORIZATION:**

I/We hereby authorize release of any information requested by \_\_\_\_\_ regarding my/our income, assets, and allowances. I/We understand and agree that photocopies of this authorization may be used for the purpose stated above.

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Applicant/Resident Signature	Date	Social Security Number(s)
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Applicant/Resident Signature	Date	Social Security Number(s)
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**TERMS AND CONDITIONS:**

The above named organization, its subsidiaries or managing agents may obtain information regarding my income, assets, expenses and household status for purposes of determining my eligibility for participation in the following affordable housing programs:

- Low Income Housing Tax Credit Program - Section 42
- HUD Housing Assistance Payments Program - Section 8
- RECD Rental Assistance Program - Section 515

The information obtained will only be used for determining eligibility in said programs and will be kept confidential and not released outside of this scope.

This release for information will expire thirteen (13) months from the date of signature.

**OFFICE USE ONLY:**



EQUAL HOUSING  
OPPORTUNITY

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