



LIHTC / BOND / AHDP / HOME / HTF
Affordable Housing Programs

Applicant Questionnaire

Applicant _____

Apt # _____

Please answer all questions; incomplete answers will delay your application process.
You will be required to provide verifications of all items answered "Yes" in order to complete your application.

Unemployed:

1. Are YOU or is ANY OTHER ADULT MEMBER of your household unemployed?

YES NO

If yes, who? _____ (Complete a Non-Employed Certification)

Zero Income:

2. Are YOU or is ANY OTHER ADULT MEMBER of your household claiming zero income?

YES NO

If yes, who? _____ (Complete a Zero Income Certification.)

Custody:

3. Do all the children in the household live with you 50% or more of the time?

YES NO

If no, please explain: _____

Home:

4. Has any member of your household ever owned a home? [] Yes [] No

If yes, who? _____ Do they currently own it? [] Yes [] No

If they currently own the home:

- a. What is the current market value? \$ _____
- b. What is the 1st mortgage payoff? \$ _____
- c. What is the 2nd mortgage payoff? \$ _____
- d. Is it being rented out? [] Yes [] No: \$ _____/mo
- e. Is it on the Market? [] Yes [] No If yes, provide Listing contract

If they no longer own the home:

- a. What happened? _____
- b. When did this happen? _____
- c. If sold within the last 2 years, was the home sold for fair market value? [] Yes [] No (If No, Explanation is needed)
How much? _____ (If yes, provide a copy of settlement statement.)
- d. What happened with the proceeds? _____

Income/Assets:

5. Does anyone in your household have the following income or assets?

- a. A 2nd job (full-time, part-time, night job, seasonal, temporary, etc.) not already listed on the application? [] Yes [] No
If yes, who? _____ Employer: _____ Amount: \$ _____
- b. Severance Payments? [] Yes [] No
If yes, who? _____ Source: _____ Amount: \$ _____
- c. Insurance Settlements? [] Yes [] No
If yes, who? _____ Source: _____ Amount: \$ _____
- d. Disability, Death benefits or Life Insurance Dividends? [] Yes [] No
If yes, who? _____ Source: _____ Amount: \$ _____
- e. Pensions, IRA's, KEOGH, 401K, deferred compensation, 403(b) or other retirement accounts?..... [] Yes [] No
If yes, which? _____ Source: _____ Amount: \$ _____
- f. Lottery Winnings or Inheritances? [] Yes [] No
If yes, who? _____ Source: _____ Amount: \$ _____



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Income/Assets (continued):

- g. CDs, Money Market Accounts or Treasury Bills? Yes No
If yes, who? _____ Type: _____ Amount: \$ _____
- h. Cash on hand over \$500 (not in a checking or savings account)? Yes No
If yes, who? _____ Amount: \$ _____
- i. Personal Property held as an investment? Yes No
If yes, who? _____ Value: \$ _____
- j. A Safe Deposit Box? Yes No
If yes, who? _____
Monetary Value of Contents: \$ _____ Description _____
- k. Student financial assistance in the form of grants, scholarships, or private sources?..... Yes No
If yes, who? _____ Source: _____ Amount: \$ _____
- l. Any other type of income or asset not already listed on any paperwork? Yes No
If yes, who? _____ Source: _____ Amount: \$ _____

Student Status:

- 6. Is any *ADULT* member of your household currently a full-time student, or planning to be one within the next 12 months? Yes No
If yes, who? _____ Name of school: _____

Does the student meet the following criteria?

- a. Married and currently filing a joint tax return? Yes No
- b. Receiving TANF (Temporary Assistance for Needy Families)? Yes No
- c. Enrolled in JTPA (Job Training Partnership Act) or another similar local, county or state program? Yes No
- d. A single parent with children and neither you nor the children are listed as dependents on anyone else's tax return? Yes No
- e. Will someone else who is not a full-time student be living in the household? Yes No
If yes, who? _____

7. ADULT household member only. WHEN and WHERE did you last go to school? (This includes K-12 and advanced education)

Who _____	When _____	Where _____	Graduate	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Who _____	When _____	Where _____	Graduate	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Who _____	When _____	Where _____	Graduate	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Who _____	When _____	Where _____	Graduate	<input type="checkbox"/> Yes	<input type="checkbox"/> No

All questions that were answered YES will be verified through the appropriate third-party source. It will be your responsibility to provide management with all necessary information to properly process your application and verify your eligibility. This will include names, addresses, phone and fax numbers, account numbers where applicable and any other information required to expedite this process.

Signature Clause:

I understand that management is relying on this information to prove my household's eligibility for the Affordable Housing Program on this property. 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 and expedite this process in anyway possible. I understand that my occupancy is contingent on meeting management's resident selection criteria and the Affordable Housing Program requirements.

All ADULT household members must sign below:

Signature Date

Signature Date

Signature Date