

TAX CREDIT APPLICATION FOR HOUSING

Equal Housing Opportunity

(The use of white out, black out, or alteration of original information will void this document.)

Project Name:	Project Number:
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For Office Use Only:	Date Received:	Time Received:	
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TAX CREDIT – APPLICATION FOR HOUSING Equal Housing Opportunity

Bedroom Size Requested: ☐ 1 ☐ 2 ☐ 3 ☐ 4

Applicant Name	MI	Last		
Co-Applicant Name	MI	Last		
Current Address	City	ST	Zip Code	Telephone Number

All co-applicants, age 18 or older, other than spouse, is recommended to complete a separate application.

Any applicant who purposefully falsified, misrepresents or withholds any information related to program eligibility or submits inaccurate and/or incomplete information on this application will not be considered for housing nor placed on the waiting list.

Household Composition

Complete, in your own handwriting. 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.

Member Full Name	Relationship	Date of Birth	Age	Sex	Month & Year Last Attended School Full-Time	M-Married S-Single D-Divorce SP-Separated W-Widowed	Current Student Y or N	Social Security #
1.	HEAD							
2.								
3.								
4.								
5.								
6.								

Is any family member of this household, a full-time or part-time student or will be a student at an institution of higher education?
YES ☐ NO ☐

If yes, please complete the following student information and check boxes which apply:

Member Name	School Name/Address	Current Full-Time	Current Part-Time	Future PT Student NEXT 12 months	Future FT Student NEXT 12 months	Previous FT Student in the current calendar year	Are you receiving financial assistance? i.e., scholarships, grants or private funds, parental support*
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Student loans are not considered financial assistance

QUESTIONS – Please answer all of the following questions**Use back for extra space**

1. Is there anyone currently living with you that is not on this application? ☐ Yes ☐ No

If yes, explain:

2. Provide the name of any person not listed on the application who

expects to move into the unit during the next 12 months or any anticipated changes to household composition:

3. Does your household have any needs that might be better served by an apartment that is accessible to persons with mobility impairments?
☐ Yes ☐ No

If yes, explain:

4. Have you or anyone named on this application ever been convicted of a crime other than a simple misdemeanor (i.e., traffic ticket, etc)?
☐ Yes ☐ No If yes, explain:

5. Have you ever been evicted? ☐ Yes ☐ No If yes, explain

6. Have you ever received a written notice for nonpayment of rent? ☐ Yes ☐ No If yes, explain

7. Does your household have a pet? ☐ Yes ☐ No

8. Do you currently receive Housing Assistance? ☐ Yes ☐ No ☐ Sec.8 Project Based ☐ Sec. 8 Voucher ☐ USDA

9. Do you expect to receive Housing Assistance? ☐ Yes ☐ No

Date expected:

Type:

10. How did you select our community? ☐ Drive by ☐ Referral ☐ Newspaper ☐ Other

CURRENT HOUSING STATUS

Address		City	State	Zip
Name of Landlord		Phone Number		

How long have you resided at your current address? _____

Rent \$ _____

PREVIOUS HOUSING STATUS

Address		City	State	Zip
Name of Landlord		Phone Number		

How long did you live at your previous address? _____

Rent \$ _____

PREVIOUS HOUSING STATUS

Address		City	State	Zip
Name of Landlord		Phone Number		

How long did you live at your previous address? _____

Rent \$ _____

HOUSEHOLD INCOME INFORMATION

All information will be verified by a third party

For each household member age 18 or older, list current and anticipated income for the 12-month period commencing or anticipated from the date of occupancy. Include all full time, part time or seasonal employment.

	DO YOU RECEIVE OR EXPECT TO RECEIVE	YES	NO	MONTHLY AMOUNT
1	Wages, salaries (includes overtime, tips, bonuses, commissions, self-Employment)?	<input type="checkbox"/>	<input type="checkbox"/>	\$
2	Does any member work for someone who pays him/her cash?	<input type="checkbox"/>	<input type="checkbox"/>	\$
3	Regular pay for a member of the armed forces?	<input type="checkbox"/>	<input type="checkbox"/>	\$
4	Welfare or disability benefits (AFDC, TANF, FIP, SSDI or SSI)?	<input type="checkbox"/>	<input type="checkbox"/>	\$
5	Worker's Compensation?	<input type="checkbox"/>	<input type="checkbox"/>	\$
6	Unemployment benefits or Severance pay?	<input type="checkbox"/>	<input type="checkbox"/>	\$
7	Child Support?	<input type="checkbox"/>	<input type="checkbox"/>	\$
8	Alimony?	<input type="checkbox"/>	<input type="checkbox"/>	\$
9	Education grants, scholarships or VA student benefits?	<input type="checkbox"/>	<input type="checkbox"/>	\$
10	Social Security Payments?	<input type="checkbox"/>	<input type="checkbox"/>	\$
11	Pensions (PERA, railroad, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	\$
12	Death Benefits?	<input type="checkbox"/>	<input type="checkbox"/>	\$
13	Retirements Benefits?	<input type="checkbox"/>	<input type="checkbox"/>	\$
14	Annuities or life insurance dividends?	<input type="checkbox"/>	<input type="checkbox"/>	\$
15	Lump sum payments (include inheritance, insurance settlements, lottery winnings, etc)	<input type="checkbox"/>	<input type="checkbox"/>	\$
16	Net income from rental property?	<input type="checkbox"/>	<input type="checkbox"/>	\$
17	Regular cash contributions or gifts from individuals not living in the unit?	<input type="checkbox"/>	<input type="checkbox"/>	\$
18	Other, (list)?	<input type="checkbox"/>	<input type="checkbox"/>	\$

The following area must be completed for each income source listed as YES. If a household member has more than one source of income from the same question, use a separate line for each source. Failure to complete this area in its entirety will delay the process of the applicants' approval to live at this property. Please use the back of sheet if additional room is needed.

Question #	Family Member	SOURCE(S) OF INCOME NAMES, START DATE, AND ADDRESSES (i.e. employers, public assistance office, social security, pension fund, etc.)	
		Name: Start Date:	Address:
		Name: Start Date:	Address:
		Name: Start Date:	Address:
		Name: Start Date:	Address:
		Name: Start Date:	Address:
		Name: Start Date:	Address:
		Name: Start Date:	Address:

HOUSEHOLD ASSETS

All information will be verified by a third party

	DO YOU HAVE MONEY HELD IN	YES	NO	AMOUNT
1	Checking Accounts	<input type="checkbox"/>	<input type="checkbox"/>	\$
2	Savings Accounts	<input type="checkbox"/>	<input type="checkbox"/>	\$
3	Stocks	<input type="checkbox"/>	<input type="checkbox"/>	\$
4	Capital Investments	<input type="checkbox"/>	<input type="checkbox"/>	\$
5	Bonds	<input type="checkbox"/>	<input type="checkbox"/>	\$
6	Trusts	<input type="checkbox"/>	<input type="checkbox"/>	\$
7	Securities	<input type="checkbox"/>	<input type="checkbox"/>	\$
8	IRA/KEOGH Accounts	<input type="checkbox"/>	<input type="checkbox"/>	\$
9	Certificates of Deposit	<input type="checkbox"/>	<input type="checkbox"/>	\$
10	Pension/Retirement Funds	<input type="checkbox"/>	<input type="checkbox"/>	\$
11	Mutual Funds	<input type="checkbox"/>	<input type="checkbox"/>	\$

HOUSEHOLD ASSETS (continued) All information will be verified by a third party				
DO YOU HAVE MONEY HELD IN		YES	NO	AMOUNT
12	Treasury Bills	<input type="checkbox"/>	<input type="checkbox"/>	\$
13	Safety Deposit Box	<input type="checkbox"/>	<input type="checkbox"/>	\$
14	Insurance Settlement	<input type="checkbox"/>	<input type="checkbox"/>	\$
15	Other (list)	<input type="checkbox"/>	<input type="checkbox"/>	\$
		<input type="checkbox"/>	<input type="checkbox"/>	\$
16	Do you currently hold a contract for deed	<input type="checkbox"/>	<input type="checkbox"/>	\$
17	Do you currently own real estate	<input type="checkbox"/>	<input type="checkbox"/>	\$
	If yes, please list the location(s), number of acres owned, any expenses (i.e. taxes, insurance, etc.) and any income received:	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
18	Do you have any coin collections, antique cars, gems/jewelry, stamps or any other items held for investment purposes?	<input type="checkbox"/>	<input type="checkbox"/>	\$
19	Are any assets held jointly with another person?	<input type="checkbox"/>	<input type="checkbox"/>	
	If yes, list person's name and the asset(s) held jointly:	<input type="checkbox"/>	<input type="checkbox"/>	

The following area must be completed for each asset source listed as YES. If a household member has more than one source of asset from the same question, use a separate line for each source. Failure to complete this area in its entirety will delay the process of the applicants' approval to live at this property. Please use the back of sheet if additional room is needed.

Question #	Family Member	SOURCE(S) OF ASSET NAME AND ADDRESSES (i.e. checking, saving, IRA, stocks, bonds, etc.)	
		Name: Start Date:	Address:
		Name: Start Date:	Address:
		Name: Start Date:	Address:
		Name: Start Date:	Address:
		Name: Start Date:	Address:
		Name: Start Date:	Address:

I/we certify that I/we ☐ have ☐ have not sold or disposed of any asset for less than Fair Market Value during the two year (24 month) period preceding the date of this application. Any assets sold or disposed of for less than Fair Market Value are identified below.

Relationship to Head of Household	Assets Estimated Value	Date Sold / Disposed of	Amount Received
	\$		\$
	\$		\$

Applicant(s) hereby understand and represent that (1) this application is complete and contains all material facts; and (2) if applicant(s) rent at this property such rental may be canceled in the event that any statement or information furnished by the applicant is false.

All household members age 18 or older must sign below

Applicant Signature

Date

Applicant Signature

Date

NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

Attachment to Solon Community Housing Application. All items are confidential.

Our tenant selection policy requires the following information in order for your application to be processed.

All reference information must be completed!

Personal References	
1	Name _____ Address _____ Phone _____ How do you know this person? _____
2	Name _____ Address _____ Phone _____ How do you know this person? _____
3	Name _____ Address _____ Phone _____ How do you know this person? _____

Bank Reference	
1	Name _____ Address _____ Phone _____ How do you know this person? _____

Applicant's Relative	
1	Name _____ Address _____ Phone _____ Relationship _____

Applicant's Signature _____

Date _____

Co-Applicant's Signature _____

Date _____